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AMMIS Recipient User Manual

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1. Document Control

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1.1 Document Information Page

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1.2 Amendment History

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07/17/2017	12.0		Application of CO 11528, 14237, 13974, AND 14330	**CO 11528** Updated 6.30 EDB Entitlement Information Panel – layout and field descriptions updated. **CO 14237** 6.7 - Update Hospice Election Tracking Panel – Add 'Death –D' to list of possible Revocation Reasons. **CO 13974** 6.4 - Recipient Information panel – Update layout and field descriptions.
08/23/2017	13.0		Application of CO 14326	**CO 14326** Update 6.31 – EDB Entitlement Information panel layout and field descriptions
09/20/2017	14.0		Application of CO 14255	6.41 Case Search Panel – Update narrative, field descriptions, field edit error codes. 6.42 – Case Search Results Panel – Update layout, field descriptions 6.43 – Case Information Panel – Update layout, field descriptions 6.45 Case Base Information panel – update narrative, layout, field descriptions, and step action tables.

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12/20/2017	15.0		Application of CO 14498	6.6 Recipient Maintenance panel updates- UPDATE panel layout to reflect removal of RCO Assignment History
05/01/2018	16.0		General Updates	

1.3   Related documentation

Document	Description	url
N/A		

2. Recipient Introduction

2.1 Recipient User Manual Overview

The AMMIS has several functional areas that perform specific operations for the system users. This user manual is designed to cover the information necessary to perform the tasks associated with the Recipient functional area.

This manual covers the following:

- Recipient Overview
- Recipient System Navigation
- System Wide Common Terminology and Layouts
- Recipient Pages/Panels
- Recipient Reports

2.2 Recipient User Manual Objective

The objective of the AMMIS Recipient User Manual is to provide system users with detailed descriptions of the online system, including pages/panels and report field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels and report layouts.

3. Recipient Overview

3.1 Introduction to Recipient

The primary purpose of the Recipient Data Maintenance function is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for medical assistance, and to support analysis of the data contained within the recipient data maintenance system. The maintenance of recipient data is required to support claim processing in batch and online mode, reporting functions, and eligibility verification. Additional recipient related data is also maintained in other functional areas such as Third Party Liability (TPL), Long Term Care (LTC), and Managed Care.

The main source of eligibility data for the AMMIS is a daily file extract from the Alabama Medicaid Agency's Alabama Medicaid Application and Eligibility System (AMAES). This daily data is processed through the Recipient PS/2 function which maintains eligibility data for all medical assistance programs.

Another important function of the Recipient Data Maintenance is providing recipient information to other external systems, such as Health Information Designs (HID) and Centers for Medicare and Medicaid Services (CMS).

4. Recipient System Navigation

4.1 Overview

The AMMIS is designed according to a set of development standards. This section is designed to introduce users to standard system navigation features within the AMMIS.

4.2 System Security
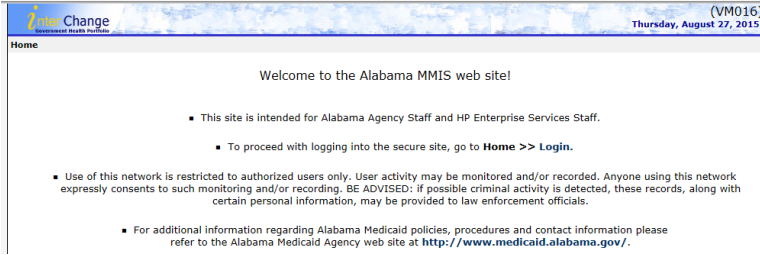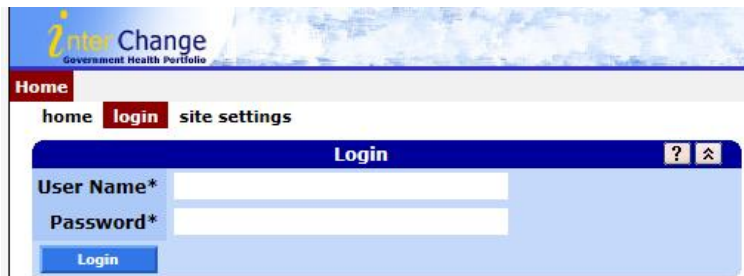
System security is handled by your system administrator. For all other security concerns with operating the system, refer to your department's business rules and practices.
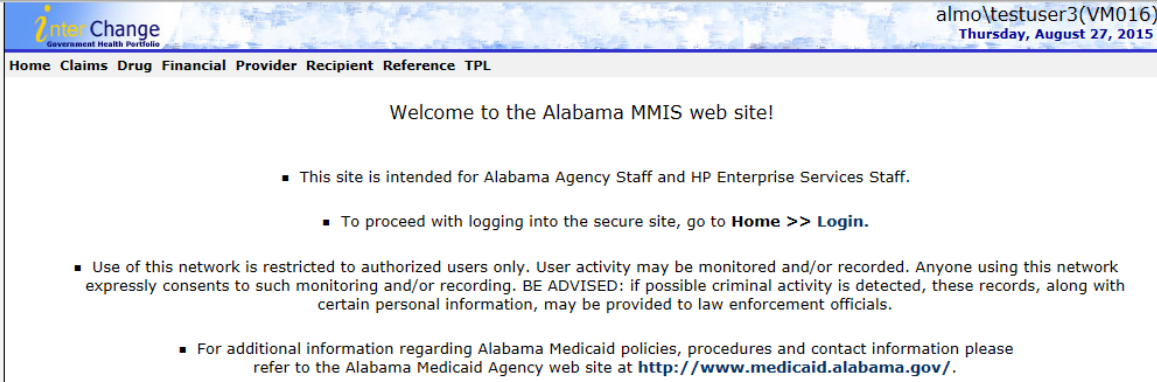
4.3 Logging In/Logging Out

Users must successfully log in to the AMMIS website in order to utilize the services available within the secure portal.

4.3.1 Logging into the AMMIS

Follow the steps below to log in to the website:

Step	Action	Response
1	Click **Internet Explorer** or **Netscape Communicator** browser located on your workstation.	Internet Explorer or Netscape Communicator launches.
2	Enter https://pro.alxix.slg.eds.com/alabama/default.aspx and press **Enter** key on your keyboard.	Security Alert message displays.
3	AMMIS Home page displays.	AMMIS Authentication Home page displays.
4	Click Home -> Login Note: All field edits are available on iTRACE for login panel.	
5	Enter **User Name** and **Password**. Click **OK**.	

Ste p	Action	Response
	Welcome to the Alabama MMIS web site! This site is intended for Alabama Agency Staff and HP Enterprise Services Staff. To proceed with logging into the secure site, go to **Home >> Login.** Use of this network is restricted to authorized users only. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials. For additional information regarding Alabama Medicaid policies, procedures and contact information please refer to the Alabama Medicaid Agency web site at **http://www.medicaid.alabama.gov/.**	

4.3.2 Logging off the AMMIS

Click the Exit ❌ button on your internet browser or Click Home -> LogOff to log off the AMMIS.

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4.4   Changing Passwords

The Change Password panel allows users to change their account password.

Navigation Path: [Home] – [Change Password]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

	Change Password	? ≫
Current Password*		
New Password*		
Confirm Password*		
	Cancel	Change Password

Follow the steps below to change your password:

Step	Action	Response
1	Enter Current password.	
2	Press **Tab**.	User is taken to the New password field.
3	Enter New password.	
4	Press **Tab**.	User is taken to the Confirm password field.
5	Confirm password by entering it again.	
6	Press **Change Password** button.	Password successfully changed. Note: If a user enters an invalid password the system displays an error message. DXC employees with password problems will need to contact the LAN team. Agency employees with password problems will need to contact the Assistant MMIS Coordinator.

4.5　Screen Display Features

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels, pages, reports, and letters into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.5.1　To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into **AMMIS**.	Home page displays.
2	Select **View**.	View menu displays.
3	Point to **Text Size** and click **Smaller**.	Default text size is set to medium. After the user selects smaller, the system objects will appear smaller.

5. System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and where applicable, an associated screen capture or design layout. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the beginning user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or more importantly, documenting, aspects of the system.

For information about system wide objects, instead of clicking a subsystem link within the technical design page, the user clicks the System Wide link to open documentation of system objects which are common system wide within the application.

Below is a partial list of common terms described within this document:

- Page
- Page Header
- Page Footer
- Sub Menu
- Shortcut Keys (ctrl + alt + letter)
- Main Menu bar
- Panel
- Advanced Search
- Mini Search panel
- Information panel
- Navigation panel
- Task List panel
- Title Bar Icons
- Help Functionality

5.1   Page Layout

A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed, a Main Menu bar, a Sub Menu, and any associated panels.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu of horizontal links that open an associated page within the system. The Sub Menu links appear in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.

Page Header

Main Menu

Sub Menu Bar

In general, when navigating a page, the vertical sc[...] the only scroll bar needed to view panels stacked in a vertical manner.

Vertical scroll bar
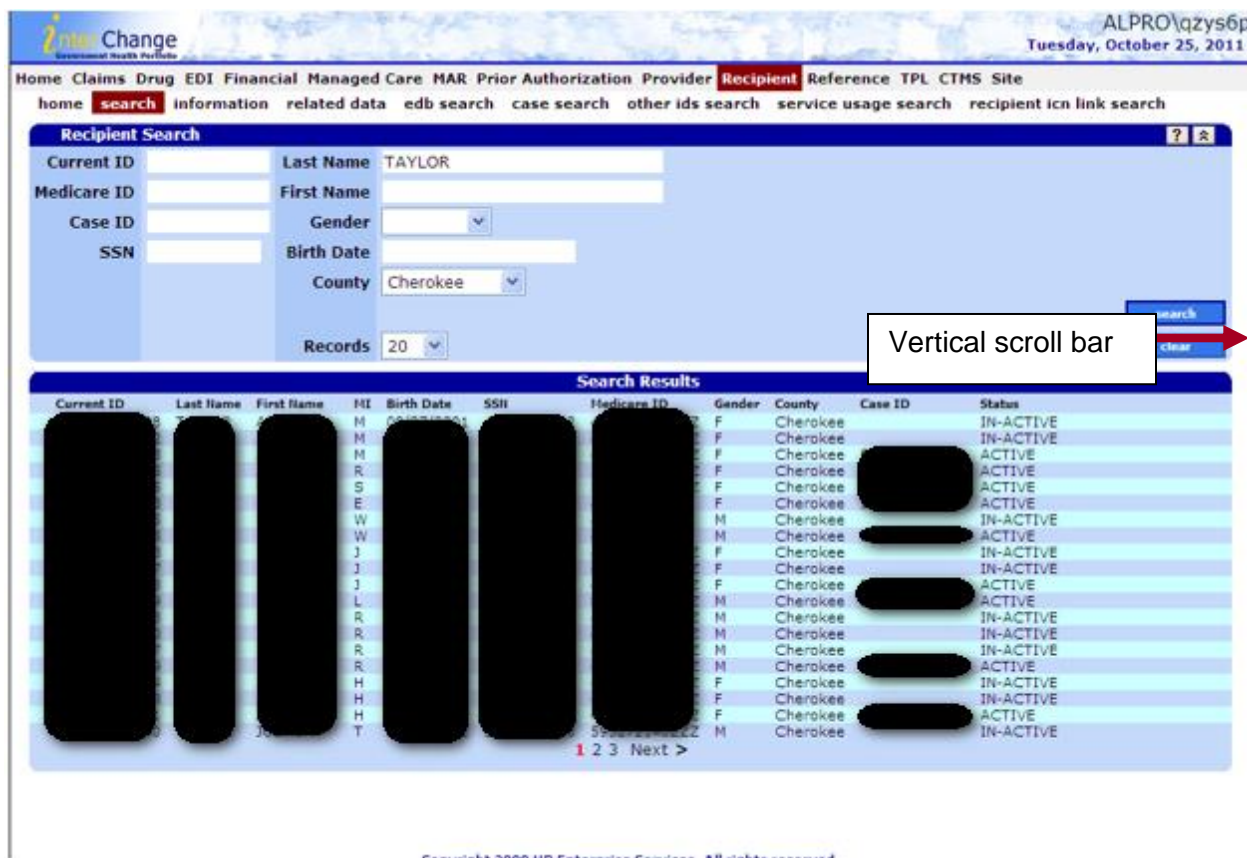
If a user attempts to add, update, or delete information within the page, then prior to navigating away from the page, the system prompts the user with a pop-up window message. When the system generates the message, the detail panels are locked open, and navigation away from the page is not permitted until changes are either correctly saved or cancelled.

Microsoft Internet Explorer

⚠ Are you sure you want to navigate away from this page?

Warning: Modified data has not been saved.

Press OK to continue, or Cancel to stay on the current page.

[OK]   [Cancel]
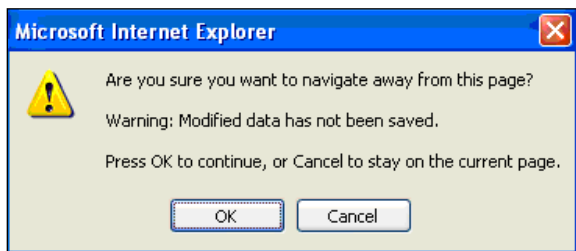
5.1.1   Shortcut Keys

If the user activates the shortcut keys function, the Sub Menu links can be used in combination with (Ctrl +Alt + letter) to quickly open the associated page.

To active the shortcut key, click on the Site link, check "Activate Shortcut Keys" and click the blue "Update" button.

To know which letter to use in combination with the (Ctrl + Alt) shortcut keys, the user must look at the Sub Menu name. Within the name, the letter that has a horizontal bar above and below it is the shortcut key letter.

Within the Recipient Sub Menu, the user can use the shortcut keys to quickly navigate from the Recipient Search panel to the Related Data panel by using the following shortcut key combination: (Ctrl + Alt + L) since the letter "L" is found within the horizontal bars on the Sub Menu Related Data link.

5.2   Search Options

There are several search options available within the AMMIS.

5.2.1   Search Panels
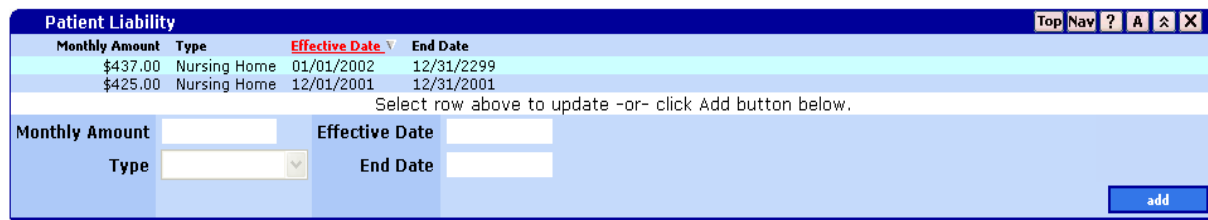
The AMMIS contains more than one type of search panel: Search and Advanced Search. Some subsystems such as the Recipient subsystem contain a search panel without an advanced search button included on the panel.
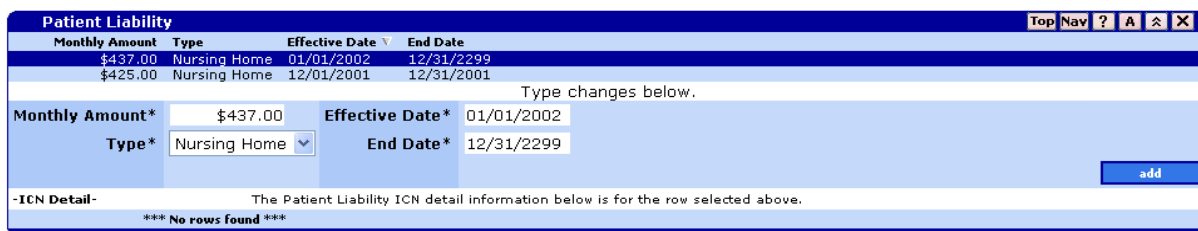
5.2.2   Search Results

Search results can be sorted in ascending ▲ or descending ▼ order by clicking the column name in the Search Results panel. All search results are resorted, not just the search results displayed on the current search result panel.

If the user clicks once on a search result row, the associated information panel opens. In the following figure, the user clicks the first row of the Recipient Patient Liability panel and detailed information displays at the bottom of the panel.
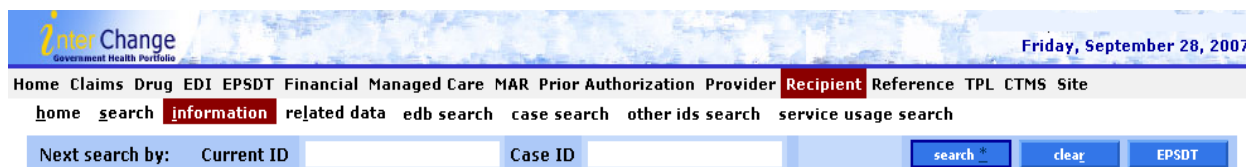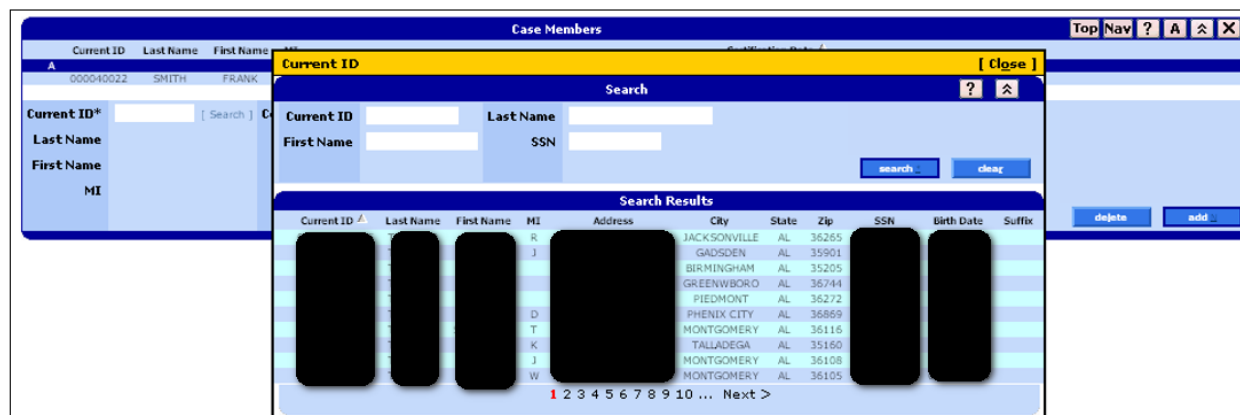
5.2.3   Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search result.

Mini Search panels contain one or two primary search fields related to the business process.

5.2.4   Pop-Up Search

A Pop-Up Search allows the user to search for field data without leaving the page. By clicking on the (Search) link, the user can access the search panel associated with that particular field.

5.3   Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.3.1   Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Name	Icon	Description
Add Button	add	Inserts a new data record.
Delete Button	delete	Deletes a selected data record.
Cancel Button	cancel	Cancels all changes applied to all panels on the page. Can be found on the navigation panel.

Name	Icon	Description
Save Button	save	Saves all changes to all panels on the page. If validation errors occur, an error message displays in the Task List panel. Can be found on the navigation panel.
Maintain Button	maintain	Maintains a selected data record.
Preferences Button	Prefs	Displays a checkmark box next to each Navigator Item link. By checking the box, the link automatically opens whenever the user browses the page. To hide the boxes, click on the button a second time. Can be found only on the Navigation panel.
Top Button	Top	Allows user to jump to the top of the page.
Bottom Button	Bot	Allows user to jump to the bottom of the page.
Help Button	?	Opens a window that displays the panel help page.
Maximize Button	⯆	Expands a panel to display all of its content.
Minimize Button	⯅	Collapses a panel.
Navigation Button	Nav	Allows user to jump to the Navigation panel.
Audit History Button	A	Opens the Audit History panel for a specific panel.
Close Button	✕	Closes a panel.
Green Information Button	ⓘ	Opens information file for the associated field.

Among the panel types are the following:

- Maintenance panel
- Task List panel
- Maintenance Item panel
- Audit panel

5.3.2   Maintenance Panel

A maintenance panel is a special control panel that uses links to open or close panels on a Web page. By clicking on a Maintenance Group Link, the associated Maintenance Item panel is displayed. Changes to Maintenance Items displayed on the page are saved or cancelled by clicking the Save or Cancel buttons on the Maintenance panel.

The Maintenance panel is used to navigate within a page, never to leave the page.

The following image demonstrates Maintenance Group Links (Codes and Xref) and the associated Maintenance Item links.
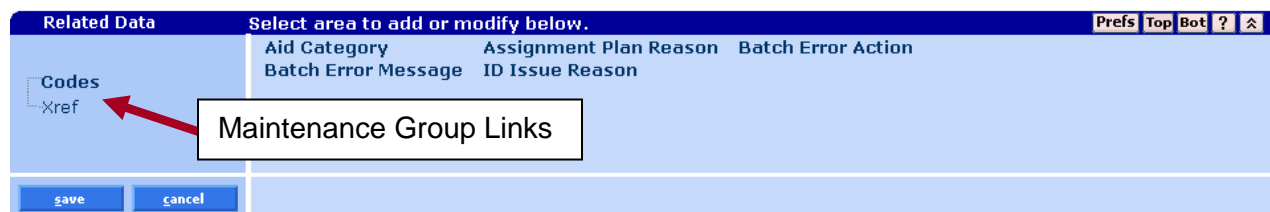
By clicking on a Maintenance Item Link (such as ID Issue Reason), the associated panel opens.

Results: ID Issue Reason Panel displays

5.3.3   Task List Panel

Task List panels appear within navigation panels and provide messages to the user regarding whether the data was successfully saved, or if errors occurred to prevent the data from being successfully saved, or warning messages which may or may not include a radio button selection for the user to activate prior to completing the task.

The task list contains both the name of the panel where the error occurred, and the field name or row in order to help users quickly identify key areas to correct prior to attempting another save action.

Warning messages provide users with a warning about the data they are trying to update, delete, add, or save. For example, if the user attempts to add a duplicate record, the system generates a warning message.

An error message can also contain additional information which is accessed by clicking on a square node icon in the lower left side of the Task List panel.

5.3.4   Maintenance Item Panel

A Maintenance Item panel is opened by clicking a link on the Maintenance panel. Maintenance Items allow detail data to be viewed and updated. Usually a Maintenance Item has a list of data records and a panel to perform data updates. Click the Add button to enter a new data record. Or click a data record from the list to perform field updates or to delete the record. Once selected, a data record is deleted by clicking the Delete button. All adds, deletes and updates must be followed by a Save before the transaction is permanent.

5.3.5   Audit Panel

Audit panels display data change history for a given Navigator Item panel. Every insert, update or delete that is performed (on an updateable panel) in the system causes a "before" image of the data to be saved to the audit table. Users can then use the audit panel to display this information.

Audit panels are opened by clicking the 🅰 button in the Navigator Item panel.

5.4   Help Functionality

The AMMIS contains two paths to locate help: Question Mark Icon and Field Level Help.

5.4.1   Question Mark Icon [?]

The Question Mark icon is used to access page/panel level help. Click the Question Mark icon to launch a separate Internet browser that contains information on the page/panel.

5.4.1.1 Panel Help Feature - Question Mark Function Description

Upon accessing the **Panel Help** function a description of the panel is displayed within the window:

RecipientSearchCriteria

The Recipient Search panel is the initial panel viewed upon entry into the Recipient application. This window allows the user to access recipient information by selecting a SEARCH criteria. The listed information will differ based on search criteria selected. The information shown below is a result of the last name search. Once the search criteria is selected, the Recipient Base Window is displayed.

Navigation: Recipient > Search

The second item displayed is the **Panel Layout**:

Recipient Search

Current ID		Last Name		Sounds-like	
Medicare ID		First Name			
Case ID		Gender			search
SSN		Birth Date			clear
		County			
				20	

The third item displayed is the **Field Description** information related to the panel:

Field	Description	Field Type	Data Type	Length
Search	Click button to initiate a search	Button	N/A	0
Sounds-like	Sounds-like search indicator	Check Box	Check Box	0
County	Search by recipient's County	Combo Box	Character	18
Gender	Search by recipient's Gender	Combo Box	Character	10
Records Returned	Number of search items displayed on each page	Combo Box	Integer	2
Birth Date	Search by recipient's Birth Date	Field	Date (MM/DD/CCYY)	10
Case ID	Search by recipient's Case number	Field	Character	10
Current ID	Search by recipient's Medicaid number	Field	Integer	12
First Name	Search by recipient's First Name	Field	Character	13
Last Name	Search by recipient's Last Name	Field	Character	15
Medicare ID	Search by recipient's Medicare number	Field	Integer	12
SSN	Search by recipient's Social Security Number	Field	Integer	9

The fourth item displayed is the **Field Edit** information related to the panel. This portion of documentation provides the field name, the error messages associated to the field(s) and a brief explanation of how to correct the data in the field in order to bypass the error message displayed in the user interface.

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	9000	At least one search field should be entered for search criteria	An entry is required to search for a recipient. Type in the Current ID or enter additional search criteria.
Sounds-like	Check Box	9000	At least one search field should be entered for search criteria	Enter additional search criteria
Birth Date	Field	5501	Invalid date. Format is mm/dd/yyyy.	Verify entry. Date must be in MM/DD/CCYY or MMDDCCYY format. Try again.
Current ID	Field	5010	Current ID must be numeric.	Enter a numeric ID.
Medicare ID	Field	5010	Medicare ID must be numeric.	Verify entry. The Medicare identification must contain only numerics
SSN	Field	5500	Enter a valid value	Verify entry. Social security number must be 9 characters numeric; you may input dashes (i.e., 999-99-9999).

The information available via the Question Mark icon is virtually the same panel information accessible in iTRACE. For example, the bottom of the page contains data such as, Requirements, Test Cases, Change Orders/Defects and any associated documentation that relates to a panel.

To close out of the Help panel, click the ❎ in the browser title bar.

5.4.2   Field Level Help

Field Level Help is used to access field definitions related to a specific field selected. Click the Field Name to launch a pop-up panel that contains information on the field selected.

5.4.2.1 Field Level Help Description

When hovering the cursor over a field name, such as **Current ID**, a question mark appears as part of the cursor .

Click once on the text area of the field and a pop-up window appears with a description of the field, such as the one provided below:
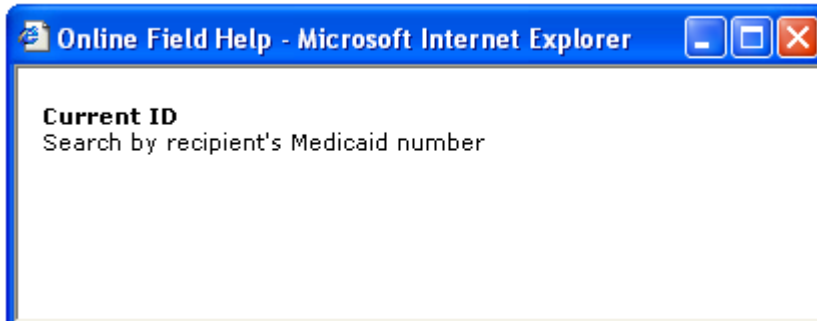
To close out of the Field Level Help window, click the in the Online Field Help title bar.

6. Recipient Pages/Panels

This section gives a brief description of each window, shows a sample, and describes all associated window fields and field edits.

The page/panels Field Description table is sorted in alphabetical order. There may be some instances in which the publication script has altered this sort order and these anomalies were not changed during production of this document.

Each window covers the following:

- Page/Panel Narrative
- Page/Panel Layout
- Page/Panel Field Descriptions
- Page/Panel Field Edit Error Code Tables
- Page/Panel Extra Features
- Page/Panel Accessibility

6.1   Recipient Search Panel Overview

6.1.1   Recipient Search Panel Narrative

The Recipient Search panel is the initial panel viewed upon entry into the Recipient application. This panel allows the user to access recipient information by selecting Search By criteria. The listed information differs based on search criteria selected. This panel is inquiry only.

Navigation Path: [Recipient] - [Recipient Search]

6.1.2   Recipient Search Panel Layout

6.1.3   Recipient Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Birth Date	Search by recipient's Birth Date.	Field	Date (MM/DD/CCYY)	8
Case ID	Search by recipient's Case ID.	Field	Character	12
Clear	Allows the user to clear any changes on the Recipient Search panel.	Button	N/A	0
County	Search by recipient's County.	Combo Box	Drop Down List Box	0
Current ID	Search by recipient's Medicaid identification number.	Field	Character	12
First Name	Search by recipient's First Name.	Field	Character	13
Gender	Search by recipient's Gender.	Combo Box	Drop Down List Box	0
Last Name	Search by recipient's Last Name.	Field	Character	15
Medicare ID	Search by recipient's Medicare identification number.	Field	Character	12
Records	Number of search items displayed on each page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Search	Initiates the Search by Current ID, Medicare ID, Case ID, SSN or Last Name. First Name, Gender, Birth Date and County must have at least the Last Name entered to perform a search.	Button	N/A	0
SSN	Search by recipient's Social Security Number.	Field	Number (Integer)	9

6.1.4   Recipient Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	9000	At least one search field should be entered for search criteria.	An entry is required to search for a recipient. Type in the Current ID or enter additional search criteria.
County	Combo Box	5505	Please enter at least the Last Name.	Enter Last Name. When searching by County only, the panel requires the Last Name as well.
Gender	Combo Box	5504	Please enter at least the Last Name.	Enter Last Name. When searching by Gender only, the panel requires the Last Name as well.
Birth Date	Field	5501	Please enter at least the Last Name.	Enter Last Name. When searching by Birth Date only, the panel requires the Last Name as well.
Current ID	Field	5010	Current ID must be numeric.	Enter a numeric ID.
First Name	Field	5506	Last Name is required when searching by First Name.	Enter Last Name. When searching by First Name only, the panel requires the Last Name as well.
Last Name	Field	5507	First Name must be 2 characters or longer if Last Name is shorter than 5 characters.	Enter additional information. When searching by Last Name only and the Last Name is shorter than 5 characters, First Name should at least be two characters long.
Medicare ID	Field	5502	Medicare ID must be Alpha Numeric.	Verify entry. Medicare ID should not contain strange symbols. Only characters A-Z and digits 0-9 are allowed in this field.
	Field	5503	Medicare ID must be at least 10 characters long.	Verify entry. Medicare ID should be at least 10 characters long.
SSN	Field	5500	Enter a valid value.	Verify entry. Social security number must be 9 characters numeric; you may input dashes (i.e., 999-99-9999).

6.1.5   Recipient Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.6   Recipient Search Panel Accessibility

6.1.6.1 To Access the Recipient Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Search**.	Recipient Search panel displays.

6.2 Recipient Search Results Panel Overview

6.2.1 Recipient Search Results Panel Narrative

The Recipient Search Results panel displays the outcome of the criteria entered on the Recipient Search panel 'if' there is more than one record matching the criteria. The "Recipient Information panel is displayed if only one record matches the criteria entered on the Recipient Search panel. If an 'inactive' ID is used on the Recipient Search panel, a message is displayed to inform the user that the ID is linked and is not the 'active' ID for the recipient.

Navigation Path: [Recipient] - [Recipient Search] – [Recipient Search Results]

6.2.2 Recipient Search Results Panel Layout

6.2.3 Recipient Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Birth Date	Recipient's Birth Date.	Listview	Date (MM/DD/CCYY)	8
Case ID	Recipient's Case (Payee) ID.	Listview	Character	12
County	Recipient's County of residence.	Listview	Character	18
Current ID	Recipient's Medicaid ID.	Listview	Character	12
First Name	Recipient's First Name.	Listview	Character	13
Gender	Recipient's Gender.	Listview	Character	1
Last Name	Recipient's Last Name.	Listview	Character	15
MI	Recipient's Middle Initial.	Listview	Character	1
Medicare ID	Recipient's Medicare identification number.	Listview	Character	12
SSN	Recipient's Social Security Number.	Listview	Number (Integer)	9

6.2.4   Recipient Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.2.5   Recipient Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.2.6   Recipient Search Results Panel Accessibility

6.2.6.1 To Access the Recipient Search Results Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Search**.	Recipient Search panel displays.
3	Enter **Current ID**, **Medicare ID**, **Case ID**, **SSN** or **Last Name**. Note: First Name, Gender, Birth Date and County must have at least the Last Name entered to perform a search.	
4	Click **Search**.	Recipient Search Results panel displays.

6.3   Recipient Mini Search Panel Overview

6.3.1   Recipient Mini Search Panel Narrative

The Recipient Mini Search panel allows the user to search Recipient records based on Case ID and/or Medicaid ID.

This panel is inquiry only.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search]

6.3.2   Recipient Mini Search Panel Layout

| Next search by: | Current ID | | Case ID | | search | clear | EPSDT | |

6.3.3   Recipient Mini Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case ID	Case identification number for next search.	Field	Character	12
Clear	Allows the user to clear any changes on the Recipient Mini Search panel.	Button	N/A	0
Current ID	Medicaid ID for next recipient search.	Field	Character	12
EPSDT	Allows the user to search for an EPSDT Screening History by Recipient identification number.	Button	N/A	0
Search	Initiates the Search by Current ID or Case ID.	Button	N/A	0
	The Back Button initiates a return back to the search results page	Button	N/A	0

6.3.4   Recipient Mini Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.3.5   Recipient Mini Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6   Recipient Mini Search Panel Accessibility

6.3.6.1 To Access the Recipient Mini Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.

6.3.6.2 To Navigate the Recipient Mini Search Panel

Step	Action	Response
1	Enter **Current ID** or **Case ID** into search field.	
2	Click **Search**.	Recipient Information panel displays.

6.4   Recipient Information Panel Overview

6.4.1   Recipient Information Panel Narrative

The Recipient Information panel contains basic information about a recipient. A Recipient is a person who receives benefits from the State. Since most Base information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted. This panel is accessed to view information related to a recipient, such as demographic information and type of eligibility.

Navigation Path: [Recipient] – [Information] - [Enter Current ID or Case ID—click Search]

6.4.2   Recipient Information Panel Layout

Effective January 1, 2014 the Recipient's Citizenship code was changed from being set to a Default value = 'C – Unknown' to display values transmitted from the Alabama Medicaid Agency. The acceptable codes and descriptions for citizenship are:

Code   Descriptions

B   Battered Immigrant

C   Citizen

D1   Documented C/I

D2   Documented C/I

D3   Documented C/I

D4   Documented C/I

D5   Medicare Exempt

D6   SSI Exempt

D7   SSDI Exempt

D8   Foster Care exempt

DA   Citizen

DC   Citizen deceased

DN   Deemed newborn

E   Conditional Entrant

F   Parolee

G   Afghan Immigrant

I   Amer/Canadian Indian

L   Lawful perm resident

M   Amerasians

N   Non-Qualif Non-citizen

P0   Pending documentation

P2   Pending only identity

P3   Pending only identity

P4   Pending only identity

P5   Pending citizenship

P6   Pending child <1 C/I

P7   Pending child >1 ID

P8   Pending citizenship<1

PR   Awarded pending C/I

Q   Iraqi Immigrant Status

R   Refugee

S   Verified Alien

U   Undocumented

UB   Undocumented

UD   Deceased undocumented

V   Military, vet, DP

W   Deportation withheld

X   Unknown

Y   Declared citizen

6.4.3   Recipient Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Adult Child Ind	Identifies the recipient as either an adult ('A') or a child ('C').	Field	Character	1
Age	Recipient's Age. Calculated from the birth date to the current date.	Field	Number (Integer)	3
AMAES Status	Alabama Medicaid Agency's Status. Values: 0 = SOBRA Payee only 1 = Denied DO or SOBRA Application 2 = Pending Appl or Future Eligibility 3 = Death Deletion 4 = Regular Deletion 5 = Suspended Space = Active *Note –The numerical representation is not displayed on the panel.	Field	Character	100
Benefit Plan	Identifies the most current Benefit Plan and dates the recipient is enrolled. Benefit Plan is a classification of benefits a recipient can receive.	Combo Box	Drop Down List Box	0
Birth Date	Recipient's Birth Date.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Case/Certification	Identifies the recipient's Case ID and the date the recipient became certified in the Case. Certification Date is the date the Case was added to the system.	Combo Box	Drop Down List Box	0
Certify Pgm	Source of Recipient's Certification. Valid values: H = Department of Human Resources D = Medicaid District Office M = SOBRA or Central Medicaid Office S = SSI/Social Security Administration Y = DYS Foster Care	Field	Character	102
Check Digit	The 13th or last digit for the recipient's Medicaid identification number.	Field	Character	1
Chip	Recipient's Chip Indicator. CHIP = Children's Health Insurance Program. Valid Values include: Spaces No Yes	Field	Character	3
Citizen	Recipient's Citizenship code. Prior to January 1, 2014 a default value = 'C – Unknown' was used in Alabama. After January 1, 2014 the Citizenship code will be updated to the new codes for active recipients as supplied by the Agency.	Field	Character	2
Death Date	Recipient's Date of Death, if applicable.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Disaster Indicator	Disaster Indicator is used to indicate survivors of natural disasters who have evacuated to Alabama and are temporarily receiving Medicaid Coverage. Field had originally been used for the Bay Exemption Indicator. Valid Values: RT = Rita - Texas YA = Katrina - Alabama YL = Katrina - Louisiana YM = Katrina Mississippi Spaces = None *Note – The expanded descriptions are not displayed on the panel.	Field	Character	2
First Name, Mid Init	Recipient's first name and middle initial.	Field	Character	30
Gender	Recipient's Gender. Valid values are Male Female Unknown	Field	Character	8
GIS Code	Geographical Information System code - indicates quality of the calculated longitude/latitude. Used in conjunction with Latitude and Longitude to assist in calculating proximity for Managed Care PMP assignments.	Field	Number (Integer)	4
Language	Recipient's Language. Default = 'UND' (Undetermined). Field is not currently used in Alabama.	Field	Character	15
Last Name	Recipient's last name.	Field	Character	30
Latitude	Recipient's calculated latitude. Latitude is used in conjunction with Longitude and GIS Code to assist in calculating proximity for Managed Care PMP assignments.	Field	Number (Integer)	11
Level of Care	Recipient's most current Level of Care information and dates active.	Combo Box	Drop Down List Box	0
Linked ID	If the Recipient has been linked to another Recipient, the "linked" recipient's number is displayed.	Field	Character	12

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Field	Description	Field Type	Data Type	Length
Longitude	Recipient's calculated longitude. Longitude is used in conjunction with Latitude and GIS Code to assist in calculating proximity for Managed Care PMP assignments.	Field	Number (Integer)	11
Mail Addr	Recipient's mailing street address.	Field	Character	30
Mail Addr 2	Additional Recipient mailing street address information, if applicable.	Field	Character	30
Mail Addr 3	Additional Recipient mailing street address information, if applicable. This field is not currently used in Alabama.	Field	Character	30
Mail City	Recipient's mailing address City.	Field	Character	18
Mail State/Zip	Recipient's mailing address State and 5-digit Zip Code and optional 4-digit Zip Extension (Zeroes if not known).	Field	Character	2
Managed Care	Recipient's most current Managed Care information and dates enrolled.	Combo Box	Drop Down List Box	0
Cond	Lists the Recipient's current and historical Managed Care Special Condition codes along with its enrollment periods.	Combo Box	Drop Down List Box	0
Medicaid ID	Recipient's Medicaid identification number.	Field	Character	12
Medicaid Status	Indicates if the recipient is "Active" or is a "Previous Number", meaning that the recipient ID keyed is not the Current ID.	Field	Character	15

Field	Description	Field Type	Data Type	Length
MCARE Coverage	Recipient's most current Medicare Coverage information. Valid Values: A = Part A B = Part B D = Part D Spaces = No Medicare Coverage NOTE: A Part D value displayed indicates the recipient is enrolled in a Part D plan. Claims editing for Part D is based on Medicare A and/or B dates displayed on the system.	Field	Character	40
Medicare ID	Recipient's Medicare ID (HIC Number).	Field	Character	12
MW Begin Date	Begin Date for Maternity Waiver Exemption, if applicable (Dependent on the Maternity Waiver Exemption field).	Field	Date (MM/DD/CCYY)	10
MW End Date	End Date for Maternity Waiver Exemption, if applicable (Dependent on the Maternity Waiver Exemption field).	Field	Date (MM/DD/CCYY)	10
MW Exemption	Identifies if the Recipient is exempt from the Maternity Waiver Program. Valid values: blank = not exempt 3 = Exempt for the Dates shown, provider may bill fee-for-service 4 = Not Exempt from MW Services, provider may bill fee-for-service *Note – The expanded descriptions are not displayed on the panel.	Field	Character	1
Patient Liability	Recipient's most current Patient Liability information and dates active.	Combo Box	Drop Down List Box	0
Pharmacy Lockin	Recipient's most current Pharmacy Lockin information and dates active (Physician Lockin can be found on the "Capitated Lock-in Assignment History" panel.)	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Phone 1	Recipient's Phone Number one with the designation of the type of phone.	Field	Character	20
Phone 2	Recipient's Phone Number two with the designation of the type of phone.	Field	Character	20
Phone 3	Recipient's Phone Number three with the designation of the type of phone.	Field	Character	20
Phone 4	Recipient's Phone Number four with the designation of the type of phone.	Field	Character	20
Phone Type	Location associated with recipient's phone number. Default value = 'Unknown'. Not currently used in Alabama.	Field	Character	15
Prev Certify Pgm	Previous Certifying Agency. Valid values: H= Department of Human Resources D = Medicaid District Office M = SOBRA or Central Medicaid Office S = SSI/Social Security Administration Y = DYS FOSTER CARE	Field	Character	102
Race	Recipient's Race code. Valid values: A - Asian or Pacific Islander (State Value = A) E - Other Race or Ethnicity (State Value = O) B - Black (State Value = B) H - Hispanic (State Value = H) I - American Indian or Alaskan Native (State Value = I) C - Caucasian (State Value = W) 7 - Unknown/Not Provided (State Value = U)	Field	Character	15

Field	Description	Field Type	Data Type	Length
Rail Road	Railroad Indicator. Used exclusively by Third Party Liability. Indicates whether the Recipient is a Railroad retiree. Valid values: Yes No	Field	Character	3
Resi Addr	Recipient's residence street address.	Field	Character	30
Resi Addr 2	Additional Recipient's residence street address information. If applicable.	Field	Character	30
Resi Addr 3	Additional Recipient's residence street address information. If applicable.	Field	Character	30
Resi City	Recipient's residence address City.	Field	Character	18
Resi County	Recipient's current county of residence. Field includes County Code and corresponding description.	Field	Character	22
Resi State/Zip	Recipient's State of residence and 5-digit Zip Code and optional 4-digit Zip Extension (Zeroes if not known).	Field	Number (Integer)	13
SOBRA Review Dt	Date that the case worker needs to review the SOBRA case.	Field	Date (MM/DD/CCYY)	10
SSN	Recipient's Social Security Number.	Field	Number (Integer)	9
Suffix	Suffix of Recipient Name -- JR, SR for example. Not currently used in Alabama.	Field	Character	4
TPL	Indicates whether the recipient has TPL coverage. Valid values: Yes No	Field	Character	3
Verified Death Dt	Date the Recipient's Date of Death was verified. Not currently used in Alabama.	Field	Date (MM/DD/CCYY)	8

6.4.4   Recipient Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.4.5   Recipient Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.4.6   Recipient Information Panel Accessibility

6.4.6.1 To Access the Recipient Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	**Recipient Information** and Recipient Maintenance panels display.

6.5   Base Information Panel Overview

The Base Information panel contains information about a Recipient that may be not updated. This includes Birth Date, Death Date, Ethnicity and Marital Status.

Navigation Path: [Recipient] – [Information] - [Enter Current ID or Case ID—click Search]

6.5.1   Base Information Panel Layout

6.5.2   Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Birth Date:	The date of birth for the recipient.	Field	Date (MM/DD/CCYY)	10
Death Date:	The date of death for the recipient.	Field	Date (MM/DD/CCYY)	10
Ethnicity:	The ethnicity of the recipient. Value of 01 means Hispanic. Value of 00 means not Hispanic.	Combo Box	Drop Down List Box	20
Marital Status:	Marital Status of Recipient.	Combo Box	Drop Down List Box	10

6.5.3   Base Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.5.4   Base Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.5.5   Base Information Panel Accessibility

6.5.5.1 To Access the Base Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	**Base Information** and Recipient Maintenance panels display.

6.6   Recipient Maintenance Panel Overview

6.6.1   Recipient Maintenance Panel Narrative

The Recipient Maintenance panel is the access point for maintenance within the Recipient system. Users can choose from a list of panels on each of the following submenus: 'Recipient', 'Managed Care', 'Medicare', and 'Previous Data'. This panel is inquiry only.

Navigation Path: [Recipient] - [Information] - [Recipient Mini Search] – [Recipient Maintenance]

6.6.2   Recipient Maintenance Panel Layout

Recipient

Managed Care

Medicare

Previous Data

6.6.3   Recipient Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Recipient				
Benefit Plan	Link to the Recipient Benefit Plan panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel changes on the Recipient panels.	Button	N/A	0
Hospice Election Tracking	Link to the Hospice Election Tracking panel.	Hyperlink	N/A	0
Level of Care	Link to the Recipient Level Of Care panel.	Hyperlink	N/A	0
Pharmacy Lockin	Link to the Recipient Pharmacy Lockin panel.	Hyperlink	N/A	0
Patient Liability	Link to the Recipient Patient Liability panel.	Hyperlink	N/A	0
Recipient ID Cards	Link to the Recipient ID Cards panel.	Hyperlink	N/A	0
Recipient Income	Link to the Recipient Income panel.	Hyperlink	N/A	0
Recipient Multi Address	Link to the Recipient Multi Address panel.	Hyperlink	N/A	0
Retro Eligibility Panel	Link to the Retro Eligibility panel.	Hyperlink	N/A	0
Save	Allows the user to save changes on the Recipient panels.	Button	N/A	0
Managed Care				
Cancel	Allows the user to cancel changes on the Managed Care panels.	Button	N/A	0
Capitated Lock-in Assignment History	Link to the Capitated Lock-in Assignment History panel. See Managed Care User Manual for more details.	Hyperlink	N/A	0
MC Notes Panel	Link to MC Notes Panel.	Hyperlink	N/A	0
MC Special Conditions	Link to the MC Special Conditions panel. See Managed Care User Manual for more details.	Hyperlink	N/A	0
PMP Assignment History	Link to the PMP Assignment History panel. See Managed Care User Manual for more details.	Hyperlink	N/A	0
PMP Lockout	Link to the PMP Lockout panel. See Managed Care User Manual for more details.	Hyperlink	N/A	0
Save	Allows the user to save changes on the Managed Care panels.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Medicare				
Cancel	Allows the user to cancel changes on the Medicare panels.	Button	N/A	0
Medicare A Coverage	Link to the Medicare A Coverage panel.	Hyperlink	N/A	0
Medicare B Coverage	Link to the Medicare B Coverage panel.	Hyperlink	N/A	0
Medicare ID	Link to the Medicare ID panel.	Hyperlink	N/A	0
Save	Allows the user to save changes on the Medicare panels.	Button	N/A	0
Previous Data				
Cancel	Allows the user to cancel changes on the Previous Data panels.	Button	N/A	0
Previous Data – Address	Link to the Previous Data – Address panel.	Hyperlink	N/A	0
Previous Data – County	Link to the Previous Data – County panel.	Hyperlink	N/A	0
Previous Data – Name	Link to the Previous Data – Name panel.	Hyperlink	N/A	0
Previous Data – SSN	Link to the Previous Data – SSN panel.	Hyperlink	N/A	0
Save	Allows the user to save changes on the Previous Data panels.	Button	N/A	0

6.6.4   Recipient Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.6.5   Recipient Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.6.6   Recipient Maintenance Panel Accessibility

6.6.6.1 To Access the Recipient Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	

Step	Action	Response
4	Click **Search**.	Recipient Information and **Recipient Maintenance** panels display.

6.7   Benefit Plan Panel Overview

6.7.1   Benefit Plan Panel Narrative

The Benefit Plan panel is used to view eligibility segment information. This panel displays current and historical eligibility periods, Aid Categories, and other State programs. The eligibility periods are used to perform basic recipient editing in claims processing, TPL, etc. Since eligibility segment information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] – [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Benefit Plan]

6.7.2   Benefit Plan Panel Layout

6.7.3   Benefit Plan Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add benefit plan information. This button is not utilized by Alabama.	Button	N/A	0
Aid Category	Entity identifies the type of aid for which a recipient is eligible.	Combo Box	Drop Down List Box	0
Aid Category Effective Date	Date that the recipient became eligible for the corresponding aid category.	Field	Date (MM/DD/CCYY)	8
Aid Category End Date	Date that the recipient is no longer eligible for the corresponding aid category.	Field	Date (MM/DD/CCYY)	8
Benefit Plan	Benefit Plan associated with the corresponding aid category. Benefit Plan is a classification of benefits a recipient can receive.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Certifying Agency	Source of Recipient's Certification associated with the corresponding eligibility segment. Valid values: H = Department of Human Resources D = Medicaid District Office M = SOBRA or Central Medicaid Office S = SSI/Social Security Administration Y = DYS Foster Care	Combo Box	Drop Down List Box	0
Clear	Allows the user to clear any changes on the Benefit Plan panel.	Button	N/A	0
County	County Code and Description associated with the corresponding eligibility segment. Field includes County Code and corresponding description.	Combo Box	Drop Down List Box	0
D C Tracking	Data Control Tracking code associated with the corresponding eligibility segment. A list of valid codes can be found in iTRACE.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete benefit plan information. This button will not be utilized by Alabama.	Button	N/A	0
Deprivation Code	Deprivation Code associated with the corresponding eligibility segment. A list of valid codes can be found in iTRACE.	Combo Box	Drop Down List Box	0
DO Program Code	District Office Program associated with the corresponding eligibility segment. A list of valid codes can be found in iTRACE.	Combo Box	Drop Down List Box	0
Effective Date	Date the recipient becomes eligible for the corresponding Benefit Plan.	Field	Date (MM/DD/CCYY)	8
End Date	Date the recipient is no longer eligible for the corresponding Benefit Plan.	Field	Date (MM/DD/CCYY)	8
Financial Payer	Contains Financial Payer types. This field is not utilized by Alabama.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Record Status	Status code for the program eligibility segment. Allows users to choose which segments they would like to view: Active Only, History Only, or All. *Note: Active segments refer to those segments that are 'not' cancelled. History segments are also referred to as cancelled segments.	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Status or Benefit Plan.	Button	N/A	0
Status	Status code for the program eligibility segment. Allows users to choose which segments they would like to view: Active Only, History Only, or All. *Note: Active segments refer to those segments that are 'not' cancelled. History segments are also referred to as cancelled segments.	Combo Box	Drop Down List Box	0
Stop Reason	Explains the termination of an eligibility period for a recipient. This field is not utilized by Alabama.	Combo Box	Drop Down List Box	0

6.7.4   Benefit Plan Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.7.5   Benefit Plan Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.7.6   Benefit Plan Panel Accessibility

6.7.6.1 To Access the Benefit Plan Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Benefit Plan**.	Benefit Plan panel displays.

6.8 Hospice Election Tracking Panel Overview

6.8.1 Hospice Election Tracking Panel Narrative

The Hospice Election Tracking panel displays the hospice election tracking information for a recipient. This panel is updatable for users with proper security access.

Navigation Path: [Recipient] - [Information] - [Recipient Mini Search] – [Recipient Maintenance] - [Hospice Election Tracking]

6.8.2 Hospice Election Tracking Panel Layout

6.8.3 Hospice Election Tracking Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to update fields and add a new level of care record.	Button	N/A	0
Clear	Allows the user to reset the search filter criteria.	Button	N/A	0
Days Out	Number of day's recipient was out of hospice.	Field	Number (Integer)	3
Delete	Allows the user to delete a revocation record.	Button	N/A	0
Election Date	Election Date.	Field	Date (MM/DD/CCYY)	8
History All	Allows the user to update status to history for all active records.	Button	N/A	0
Hospice Period	Hospice Period.	Field	Number (Integer)	2
Return Date	Date in which recipient returned to the Hospice Election Tracking.	Field	Date (MM/DD/CCYY)	8
Revocation/End Date	Date in which recipient Hospice Election Tracking Revoked/Ended.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Revocation Reason	Revocation reason. Possible values are, V – Voluntary, I – Involuntary, R - Release Plan, C - Calculated by period end and D - Death.	Field	Drop Down List Box	1
Search	Clicking the Search button filters displayed segments by status.	Button	N/A	0
Status	Status for the Hospice Election Tracking. Possible values are A - Active, H - History, P - Previous.	Field	Drop Down List Box	1

6.8.4 Hospice Election Tracking Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Days Out	Field	1	Days Out must be less than or equal to 999.	Enter appropriate return date.
Election Date	Field	1	Election Date is required.	Enter Election Date.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter valid Election Date.
	Field	3	Election Date must be less than or equal to today's date.	Enter an election date less than or equal to today's date.
	Field	4	Election Date should not be within 90 days of care. However if this is revocation/return date then please add at detail. Based on current information entered, the next election date should be [M/D/YYYY].	This is just information message for 90 days calculation. If agree click save otherwise modify the election date.
	Field	5	Election Date should not be within 60 days of care. However if this is revocation/return date then please add at detail. Based on current information entered, the next election date should be [M/D/YYYY].	This is just information message for 60 days calculation. If agree click save otherwise modify the election date.
	Field	6	Are you sure about election date? If you click save it will recalculate all election periods. Please enter Revocation Date and Reason on detail panel.	This is just information message. If agree click save otherwise modify the election date.
	Field	7	Election Date must be greater than or equal to 1/1/1900.	Enter an election date greater than or equal to 1/1/1900.

Field	Field Type	Error Code	Error Message	To Correct
	Field	8	Election Date must be less than or equal to 12/31/2299.	Enter an election date less than or equal to 12/31/2299.
	Field	9	You are trying to insert a previous election period between existing previous periods, you need to be inserting period prior to M/D/YYYY. If you need to insert date between these dates contact the LTC TFAL.	Enter an election date less than last previous election date or update the election date to make it active.
History All	Button	1	Are you sure you want to update the status to History for all records?	If you are sure click ok otherwise click cancel.
Return Date	Field	1	Please enter Return Date for hospice period [Number].	Enter return date for previous hospice period.
	Field	2	Return date cannot be removed once added.	Do not remove return date.
	Field	3	Invalid date. Format is mm/dd/ccyy.	Enter valid Return Date.
	Field	4	Return Date must be greater than or equal to 1/1/1900.	Enter a return date greater than or equal to 1/1/1900.
	Field	5	Return Date must be less than or equal to today's date.	Enter return date less than or equal to today's date.
	Field	6	The Revocation history date range segments cannot overlap.	Enter non-overlapping date range.
	Field	7	Return Date must be less than or equal to 12/31/2299.	Enter return date less than or equal to 12/31/2299.
Revocation/End Date	Field	1	Revocation date should not be less than Election Date for that period.	Enter revocation date greater then election date for that period.
	Field	2	Revocation date should not overlap over other record.	Enter non-overlapping date range.
	Field	3	Revocation date/reason systematically updated based on revocation date you entered. If you agree, click save.	This is notification message. If agree click save otherwise modify the revocation date.
	Field	4	Please enter Revocation Date and Reason.	Enter revocation date and reason.

Field	Field Type	Error Code	Error Message	To Correct
	Field	5	Revocation Date should not be less than current election date.	Enter revocation date greater than current election date.
	Field	6	Revocation Date should not be greater than first election date.	Enter revocation date less than first election date.
	Field	7	Revocation/End Date must be greater than or equal to 1/1/1900.	Enter revocation date greater than or equal to 1/1/1900.
	Field	8	Invalid date. Format is mm/dd/ccyy.	Enter valid revocation date.
	Field	9	Revocation/End Date is required.	Enter Revocation/End Date.
Revocation Reason	Field	1	Revocation Reason is required.	Select a revocation reason.
	Field	2	'Calculated By Period End' Revocation reason is not valid for user entry.	Select appropriate revocation reason.
Search	Button	1	Please save or cancel any changes before searching hospice records.	Click Save or Cancel.
Status	Field	1	'Previous' status is not valid for user entry.	Select appropriate status.

6.8.5 Hospice Election Tracking Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.8.6 Hospice Election Tracking Panel Accessibility

6.8.6.1 To Access the Hospice Election Tracking Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Click **Recipient**.	
6	Click **Hospice Election Tracking**.	Hospice Election Tracking panel displays.

6.8.6.2 To Add the Hospice Election Tracking Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter an **Election Date** in MM/DD/CCYY format.	
3	Click **Save**.	Hospice Election Tracking information is saved.

6.8.6.3 To Update the Hospice Election Tracking Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Hospice Election Tracking information is saved.

6.9 Level Of Care Panel Overview

6.9.1 Level Of Care Panel Narrative

The Level of Care panel displays the level of care information for a recipient. This panel is updateable for users with proper security access.

Navigation Path: [Recipient] - [Information] - [Recipient Mini Search] – [Recipient Maintenance] - [Level of Care]

6.9.2 Level Of Care Panel Layout

6.9.3 Level Of Care Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to update fields and add a new Level of Care record.	Button	N/A	0
Clear	Allows the user to reset the search filter criteria.	Button	N/A	0
Comments	Free form area for comments about the Level of Care segment.	Field	Character	100
Delete	Allows the user to delete a level of care record.	Button	N/A	0
Discharge Reason	Specifies a reason to discharge a Level of Care plan. Default value will be "Calculated End Date based upon admission/provider".	Combo Box	Drop Down List Box	0
Effective Date	Date that the recipient becomes eligible for the corresponding Level of Care plan.	Field	Date (MM/DD/CCYY)	8
End Date	Date the recipient is no longer eligible for the corresponding Level of Care plan.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Hospice Provided in NH	Indicates that Hospice is being provided in a facility.	Field	Drop Down List Box	0
Last Update	Last date record was updated	Field	Date (MM/DD/CCYY)	8
Level Of Care Plan	Level of Care plan authorized for the recipient.	Combo Box	Drop Down List Box	0
Medicare Begin Date	This date signifies that the recipient had Medicare covered days prior to this nursing facility segment.	Field	Date (MM/DD/CCYY)	8
NH Short Term Stay	Indicates when Nursing Home stay is anticipated to be less than 90 days. If Y = short term, if N means Not short term or Not Applicable	Combo Box	Drop Down List Box	1
Provider	Identification number assigned to a group or individual that provides medical services to recipients.	Field	Alphanumeric	9
Provider ID Type	Provider service location business identifier information that is assigned to the recipient.	List	Character	9
Reason Code	Reason for the Level of Care segment.	Combo Box	Drop Down List Box	0
Search	Clicking the Search button filters displayed segments by status and/or Level of Care plan.	Button	N/A	0
[Search]	Allows a user to locate a Provider by searching by Provider ID, Business OR Last Name and First, MI.	Hyperlink	N/A	0
Status	Status code for the Level of Care segment. Allows users to choose which segments they would like to view: Active Only, History Only, or All. *Note: Active segments refer to those segments that are 'not' cancelled. History segments are also referred to as cancelled segments.	Combo Box	Drop Down List Box	0
Status Code	Status code for the program eligibility segment. A blank means the segment is active and an 'H' means that the segment is history and no longer valid (Cancelled).	Combo Box	Drop Down List Box	0

6.9.4   Level Of Care Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	4214	Overlapping segments cannot contain the same provider.	Enter non-overlapping date range or different provider.
	Field	9074	Effective Date must be <= End Date.	Verify keying.
	Field	91001	Invalid Date (MM/DD/CCYY).	Verify keying.
	Field	91003	Date is required.	Verify keying.
	Field	91232	Overlapping segments cannot contain the same LOC plan.	Enter non-overlapping date range or different LOC plan.
End Date	Field	4214	Overlapping segments cannot contain the same provider.	Enter non-overlapping date range or different provider.
	Field	9074	Effective Date must be <= End Date.	Verify keying.
	Field	91001	Invalid Date (MM/DD/CCYY).	Verify keying.
	Field	91003	Date is required.	Verify keying.
	Field	91232	Overlapping segments cannot contain the same LOC plan.	Enter non-overlapping date range or different LOC plan.
Level Of Care Plan	Field	91006	Level of Care field is required.	Verify keying.
Medicare Begin Date	Field	1001	Medicare Begin Date must be greater than or equal to 1/1/1900.	Enter an end date greater than or equal to 1/1/1900.
	Field	1002	Invalid Date (MM/DD/CCYY	Verify keying.
Provider	Field	91006	Provider ID is required.	Verify keying.
	Field	91007	Provider ID record not found. Please try again.	Verify and re-enter Provider.
Provider ID Type	Field	5176	Service Location invalid for this Provider.	Verify and re-enter location.

6.9.5   Level Of Care Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.9.6   Level Of Care Panel Accessibility

6.9.6.1 To Access the Level of Care Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Click **Recipient**.	
6	Click **Level of Care**.	Level of Care panel displays.

6.9.6.2 To Add the Level of Care Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Level of Care Plan** from the drop down list box.	
3	Enter an **Effective Date** in MM/DD/CCYY format.	
4	Enter an **End Date** in MM/DD/CCYY format.	
5	Select **Status Code** from the drop down list box.	
6	Enter **Provider**.	If Provider is unknown select [Search] to search by Provider ID, Business OR Last Name and First, MI.
7	Click **Save**.	Level of Care information is saved.

6.9.6.3 To Update the Level of Care Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Level of Care information is saved.

6.10   Patient Liability Panel Overview

6.10.1 Patient Liability Panel Narrative

The Patient Liability panel is used to view a recipient's patient liability information. Since Patient Liability information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Patient Liability]

6.10.2 Patient Liability Panel Layout

6.10.3 Patient Liability Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Patient Liability information. This button is not utilized by Alabama.	Button	N/A	0
Amount Withheld	Amount withheld on the claim due to the Recipient's financial Patient Liability.	Field	Number (Decimal)	8
Date	Date the claim adjudicated in the system.	Field	Date (CCYY/MM)	6
Effective Date	Date that the patient's financial liability amount becomes effective.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the patient's financial liability amount is no longer effective in a long term facility.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
ICN	Unique internal control number assigned to the claim when processed that indicates when the claim was received and whether it was sent by paper or through electronic media. The ICN is used to track the claim throughout processing.	Field	Character	13
Monthly Amount	Patient's financial liability amount that must be paid by the recipient before the State makes payment on the claim.	Field	Number (Decimal)	11
Type	Indicates which program to apply patient obligation. N = Nursing Home; P = Personal Care. Default is N = Nursing Home.	Combo Box	Drop Down List Box	0
Record Reference No	Unique identifier for patient liability.	Field	Number	9

6.10.4   Patient Liability Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.10.5   Patient Liability Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.10.6   Patient Liability Panel Accessibility

6.10.6.1   To Access the Recipient Patient Liability Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Patient Liability**.	Patient Liability panel displays.

6.11   Pharmacy Lockin Panel Overview

6.11.1 Pharmacy Lockin Panel Narrative

The Pharmacy Lockin panel is used to view a recipient's pharmacy Lockin (restriction) segments. This panel is updateable for users with proper security access. Physician Lockin information can be found using the "Capitated Lock-in Assignment History" panel. This panel is described in more detail within the Managed Care subsystem.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Pharmacy Lockin]

6.11.2 Pharmacy Lockin Panel Layout

6.11.3 Pharmacy Lockin Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Pharmacy Lockin record.	Button	N/A	0
Clear	Allows the user to reset the search filter criteria.	Button	N/A	0
Comment	Free form area for comments about the Lockin segment.	Field	Character	100
Delete	Allows the user to delete a Pharmacy Lockin record.	Button	N/A	0
Effective Date	Effective Date establishes the start date of the time frame being restricted.	Field	Date (MM/DD/CCYY)	8
End Date	End Date establishes the end date of the time frame being restricted.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Last Update	Last date record was updated	Field	Date (MM/DD/CCYY)	8
License Number	Provider service location business identifier information that is assigned to the recipient.	Field	Character	10
Lockin Plan	Lockin Plan authorized for the recipient.	Combo Box	Drop Down List Box	0
Provider	Identification number assigned to a group or individual that provides medical services to recipients.	Field	Alphanumeric	15
Provider ID Type	Indicates what type of Provider ID was entered: Medicaid Provider ID or National Provider Identifier (NPI).	Listview	Character	20
Provider License No.	Provider service location business identifier information that is assigned to the recipient. Field automatically appears once the correct Provider ID is selected in Provider Field.	Listview	Character	10
Provider Name	Provider name associated with the provider identification number.	Listview	Character	40
Reason	Reason due to which recipient is Locked into the above Lockin Plan.	Field	Character	3
Search	Allows the user to filter displayed segments by status and/or Lockin Plan.	Button	N/A	0
[Search]	Allows a user to locate a Provider by searching by Provider ID, Business OR Last Name and First, MI. Allows a user to locate a License Number by searching by Provider License Number or Provider Name.	Hyperlink	N/A	0
Status	Status code for the Lockin segment. Allows users to choose which segments they would like to view: Active Only, History Only, or All. *Note: Active segments refer to those segments that are 'not' cancelled. History segments are also referred to as cancelled segments.	Combo Box	Drop Down List Box	0
Status Code	Status code for the Lockin segment. Allows users to choose what status the segment should be in: Active or History (Cancelled).	Combo Box	Drop Down List Box	0

6.11.4   Pharmacy Lockin Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Comments	Field	91006	Comment is Required.	Verify keying.
Effective Date	Field	1	Please select another prescriber or enter dates that are between the provider's program eligibility start and end date, or use an open end date.	Select another prescriber or enter dates that are between the provider's program eligibility start and end date or enter an open end date.
	Field	9074	Effective Date must be <= End Date.	Verify keying.
	Field	91001	Invalid Date (MM/DD/CCYY).	Verify keying.
	Field	91003	Date is required.	Verify keying.
End Date	Field	1	Please select another prescriber or enter dates that are between the provider's program eligibility start and end date, or use an open end date.	Select another prescriber or enter dates that are between the provider's program eligibility start and end date or enter an open end date.
	Field	9074	Effective Date must be <= End Date.	Verify keying.
	Field	91001	Invalid Date (MM/DD/CCYY).	Verify keying.
	Field	91003	Date is required.	Verify keying.
Lockin Plan	Combo Box	91006	A valid Lockin Plan is required.	Verify keying.
Provider	Field	1	A Lockin Plan for this provider already exists for the Effective Date.	Verify and re-enter provider or Effective Date.
	Field	4146	Invalid Provider.	Verify and re-enter Provider.
Reason	Combo Box	91006	A valid Reason Code is required.	Verify keying.

6.11.5   Pharmacy Lockin Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.11.6   Pharmacy Lockin Panel Accessibility

6.11.6.1   To Access the Pharmacy Lockin Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.

Step	Action	Response
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Pharmacy Lockin**.	Pharmacy Lockin panel displays.

6.11.6.2 To Add the Pharmacy Lockin Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select a response from the **Lockin Plan** drop down list box.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Select a response from the **Status Code** drop down list box.	
6	Enter **Provider number**.	
7	Enter **Provider License number**.	
8	Click **Save**.	Recipient Lockin Details information is saved.

6.11.6.3 To Update the Pharmacy Lockin Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Pharmacy Lockin information is saved.

6.12 Recipient ID Cards Panel Overview

6.12.1 Recipient ID Cards Panel Narrative

The Recipient ID Cards panel is used to view and verify all ID card issuances for a recipient. This panel allows the user to view all the ID cards that were issued to a recipient as well as a corresponding reason as to why the card was issued. This panel allows the user to see a potential problem if a recipient has been issued too many ID cards. Since Plastic ID Card information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] - [Information] –[Recipient Mini Search] – [Recipient Maintenance] - [Recipient ID Cards]

6.12.2 Recipient ID Cards Panel Layout

6.12.3 Recipient ID Cards Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Recipient ID Card information. This button is not utilized by Alabama.	Button	N/A	0
Clerk ID	Clerk identification of the requester. All Plastic ID Cards information is supplied by the nightly AMAES update file.	Field	Character	8
Date Issued	Date that the ID card was issued to the recipient.	Field	Date (MM/DD/CCYY)	8
Delete	Allows the user to delete Recipient ID Card information. This button is not utilized by Alabama.	Button	N/A	0
ID Action Number	Number of ID cards issued to the recipient.	Field	Character	2
Issue Reason	Reason the ID card was issued. The issue reason codes are converted to their actual description for readability. Valid values: Spaces = n/a A = Never Received B = Lost C = Stolen	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
	D = Damaged or Destroyed F = Changed Name G = Changed Gender H = Changed Race I = Change DOB J = Changed Med# 1 = New 2 = Awarded Eligibility 3 = Eligibility Re-Awarded 4 = New Medicaid# 5 = Left Nursing Home *Note: Only expanded description information is displayed on the panel.			
Source	Identifies the source that initiated the ID card. All Plastic ID Cards information is supplied by the nightly AMAES update file.	Field	Character	6

6.12.4 Recipient ID Cards Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.12.5 Recipient ID Cards Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.12.6 Recipient ID Cards Panel Accessibility

6.12.6.1 To Access the Recipient ID Cards Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Recipient ID Cards**.	Recipient ID Cards panel displays.

6.13 Recipient Income Panel Overview

6.13.1 Recipient Income Panel Narrative

The Recipient Income panel is used to display a recipient's income. Since income information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Recipient Income]

6.13.2 Recipient Income Panel Layout

6.13.3 Recipient Income Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Recipient Income information. This button is not utilized by Alabama.	Button	N/A	0
Delete	Allows the user to delete Recipient Income information. This button is not utilized by Alabama.	Button	N/A	0
Effective Date	Effective date of the income for the recipient. This field is not utilized by Alabama.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the income for the recipient. This field is not utilized by Alabama.	Field	Date (MM/DD/CCYY)	8
Income Amount	Recipient's income for a specified period of time. Field comes from the Gross Unearned income field via the nightly AMAES update field.	Field	Number (Decimal)	10
Source	Source of the income for the recipient. All Income information is supplied by the nightly AMAES update file.	Combo Box	Drop Down List Box	0

6.13.4 Recipient Income Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.13.5 Recipient Income Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.13.6 Recipient Income Panel Accessibility

6.13.6.1 To Access the Recipient Income Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Click **Recipient Income**.	Recipient Income panel displays.

6.14   Recipient Multi Address Panel Overview

6.14.1   Recipient Multi Address Panel Narrative

The Recipient Multi Address panel is used to inquire on alternate addresses and contact information for a recipient. This panel displays Secondary, Sponsor and Spouse address information. The recipient's current address information is displayed on the Recipient Information panel. Previous addresses for a recipient can be found on the "Previous Data – Address" panel. Since all information on this panel comes from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] – [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Recipient Multi Address]

6.14.2   Recipient Multi Address Panel Layout

6.14.3   Recipient Multi Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Recipient Multi-Address information. This button is not utilized by Alabama.	Button	N/A	0
Address	Secondary/Sponsor/Spouse primary street address.	Field	Character	30
Address Line 2	Secondary/Sponsor/Spouse street address line two, if applicable.	Field	Character	30
Address Line 3	Secondary/Sponsor/Spouse street address information, if additional space is needed. This field is not utilized by Alabama.	Field	Character	30
City	Secondary/Sponsor/Spouse city of residence.	Field	Character	15
Contact Type	Type of address. Valid values: SP = Spouse Address SE = Secondary Address SN = for Sponsor Address *Note: Only expanded description is displayed.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
County	Secondary/Sponsor/Spouse county of residence. Field includes County Code and corresponding description.	Combo Box	Drop Down List Box	0
Delete	Allows the user to delete Recipient Multi-Address information. This button is not utilized by Alabama.	Button	N/A	0
Email	Secondary/Sponsor/Spouse email address. This field is not utilized by Alabama.	Field	Character	50
Fax	Secondary/Sponsor/Spouse fax number. This field is not utilized by Alabama.	Field	Number (Integer)	10
Name	Secondary/Sponsor/Spouse name in first name/middle initial/last name format.	Field	Character	30
Phone	Secondary/Sponsor/Spouse phone number and extension. This field is not utilized by Alabama.	Field	Number (Integer)	17
Phone Type	Secondary/Sponsor/Spouse Telephone type. This field is not utilized by Alabama.	Combo Box	Drop Down List Box	0
State	Secondary/Sponsor/Spouse State of residence.	Combo Box	Drop Down List Box	0
Zip	Secondary/Sponsor/Spouse Zip Code + 4.	Field	Number (Integer)	9

6.14.4   Recipient Multi Address Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only in Alabama.				

6.14.5 Recipient Multi Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.14.6 Recipient Multi Address Panel Accessibility

6.14.6.1 To Access the Recipient Multi Address Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Recipient Multi Address**.	Recipient Multi Address panel displays.

6.15   Retro Eligibility Panel Overview

6.15.1   Retro Eligibility Panel Narrative

The Retro Eligibility panel is used to view retro eligibility segment information. The retro segments are copied directly from the nightly AMAES update file and are also used to create the eligibility segments found on the Benefit Plan panel. The Issue Date is used directly in claims processing. Since all information on this panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] – [Information] – [Recipient Mini Search] – [Recipient Maintenance] - [Retro Eligibility Panel]

6.15.2   Retro Eligibility Panel Layout

6.15.3   Retro Eligibility Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Retro Eligibility information. This button is not utilized by Alabama.	Button	N/A	0
Aid Category	Entity identifies the type of aid for which a recipient is eligible.	Combo Box	Drop Down List Box	0
Benefit Plan	Benefit Plan associated with the corresponding aid cat(s). Benefit Plan is a classification of benefits a recipient can receive.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove Retro Eligibility information. This button is not utilized by Alabama.	Button	N/A	0
Effective Date	Date that the recipient became eligible for the corresponding aid category.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the recipient is no longer eligible for the corresponding aid category.	Field	Date (MM/DD/CCYY)	8
Issue Date	Date the Retro Eligibility segment was issued for the recipient.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Priority	Assigns importance of Aid Category. This field is not utilized by Alabama.	Field	Character	2
Record Status	Allows users to choose which segments they would like to view: Active Only, History Only, or All. *Note: Active segments refer to those segments that are 'not' cancelled. History segments are also referred to as cancelled segments.	Combo Box	Drop Down List Box	0

6.15.4   Retro Eligibility Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.15.5   Retro Eligibility Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.15.6   Retro Eligibility Panel Accessibility

6.15.6.1   To Access the Retro Eligibility Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Retro Eligibility panel**.	Retro Eligibility panel displays.

6.16   Medicare A Coverage Panel Overview

6.16.1   Medicare A Coverage Panel Narrative

The Medicare A Coverage panel is used to view or update Medicare Part A segments. The Medicare A Coverage panel contains the effective dates, end dates, Retroactive flag, and the last change date. This panel is updateable for users with proper security access.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] – [Medicare] - [Medicare A Coverage]

6.16.2   Medicare A Coverage Panel Layout

6.16.3   Medicare A Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Medicare A Coverage information.	Button	N/A	0
Delete	Allows the user to delete Medicare A Coverage information. NOTE: Medicare coverage segments that are deleted will no longer display on the coverage panel, but can be viewed in the audit panel.	Button	N/A	0
Effective Date	Effective date for Medicare Part A.	Field	Date (MM/DD/CCYY)	8
End Date	End date for Medicare Part A.	Field	Date (MM/DD/CCYY)	8
Last Changed Date	Date the segment was last updated (system assigned).	Field	Date (MM/DD/CCYY)	8
Retroactive	Medicare Retroactive Determination Flag. This field is not utilized by Alabama.	Combo Box	Check Box	0
Source	Source of the transaction. Valid values: E = EDB M = AMAES (Medicaid) O = Online System X = EDS *Note: Only extended description is displayed on the panel.	Field	Character	25

6.16.4 Medicare A Coverage Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1001	Effective Date must be first day of the month.	Enter an Effective Date that is the first day of the month.
	Field	5001	Effective Date is required.	Enter valid date or cancel transaction.
	Field	5015	Effective Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5016	Effective Date must be less than or equal to End Date.	Verify and re-key dates.
	Field	5501	Invalid date.	Enter date in appropriate format or cancel transaction.
End Date	Field	1002	End Date must be last day of the month.	Enter an End Date that is the last day of the month.
	Field	5001	End Date is required.	Enter valid date or cancel transaction.
	Field	5015	End Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5016	Effective Date must be less than or equal to End Date.	Verify and re-key dates.
Retroactive	Check Box	5001	Retroactive is required.	Field is default to 'no' (unchecked) when Effective and End dates are populated. Enter dates and check/uncheck box appropriately.

6.16.5 Medicare A Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.16.6 Medicare A Coverage Panel Accessibility

6.16.6.1 To Access the Medicare A Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Medicare**.	A list of hyperlinks to panel(s) displays

Step	Action	Response
6	Select **Medicare A Coverage**.	Medicare A Coverage panel displays.

6.16.6.2 To Add the Medicare A Coverage Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Retroactive** checkbox, if applicable.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Click **Save**.	Recipient Medicare A Coverage information is saved.

6.16.6.3 To Update the Medicare A Coverage Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Recipient Medicare A Coverage information is saved.

6.17 Medicare B Coverage Panel Overview

6.17.1 Medicare B Coverage Panel Narrative

The Medicare B Coverage panel is used to view or update Medicare Part B segments. The Medicare B Coverage panel contains the effective dates, end dates, Retroactive flag, and the last change date. This panel is updateable for users with proper security access.

Navigation Path: [Recipient] - [Information] - [Recipient Mini Search] – [Medicare] - [Medicare B Coverage]

6.17.2 Medicare B Coverage Panel Layout

6.17.3 Medicare B Coverage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Medicare B Coverage information.	Button	N/A	0
Delete	Allows the user to delete Medicare B Coverage information. NOTE: Medicare coverage segments that are deleted will no longer display on the coverage panel, but can be viewed in the audit panel.	Button	N/A	0
Effective Date	Effective date for Medicare Part B.	Field	Date (MM/DD/CCYY)	8
End Date	End date for Medicare Part B.	Field	Date (MM/DD/CCYY)	8
Last Changed Date	Date the segment was last updated (system assigned).	Field	Date (MM/DD/CCYY)	8
Retroactive	Medicare Retroactive Determination Flag. This field is not utilized by Alabama.	Combo Box	Check Box	0
Source	Source of the transaction. Valid values: E = EDB M = AMAES (Medicaid) O = Online System X = EDS *Note: Only extended description is displayed on the panel.	Field	Character	25

6.17.4 Medicare B Coverage Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1001	Effective Date must be first day of the month.	Ensure Effective Date is the first day of the month.
	Field	5001	Effective Date is required.	Enter valid date or cancel transaction.
	Field	5015	Effective Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5016	Effective Date must be less than or equal to End Date.	Verify and re-key dates.
	Field	5501	Invalid date.	Enter date in appropriate format or cancel transaction.
End Date	Field	1002	End Date must be last day of the month.	Ensure End Date is the last day of the month.
	Field	5001	End Date is required.	Enter valid date or cancel transaction.
	Field	5015	End Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/1/01900.
	Field	5016	Effective Date must be less than or equal to End Date.	Verify and re-key dates.
	Field	5501	Invalid date.	Enter date in appropriate format or cancel transaction.
Medicare B Coverage item	Field	1	Medicare ID (HIC) must be present when there is Medicare B enrollment.	If entering a Medicare B Coverage record, ensure that the recipient has a Medicare ID entered.
Retroactive	Check Box	5001	Retroactive is required.	Field is default to 'no' (unchecked) when Effective and End dates are populated. Enter dates and check/uncheck box appropriately.

6.17.5 Medicare B Coverage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.17.6 Medicare B Coverage Panel Accessibility

6.17.6.1 To Access the Medicare B Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.

2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Medicare**.	A list of hyperlinks to panel(s) displays.
6	Select **Medicare B Coverage**.	Medicare B Coverage panel displays.

6.17.6.2 To Add the Medicare B Coverage Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Retroactive** checkbox, if applicable.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
5	Click **Save**.	Recipient Medicare B Coverage information is saved.

6.17.6.3 To Update the Medicare B Coverage Panel
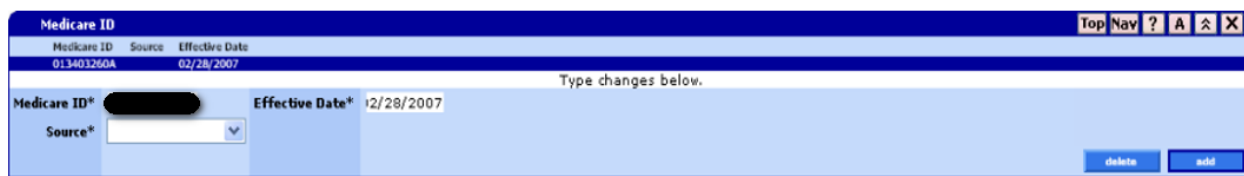
Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Recipient Medicare B Coverage information is saved.

6.18   Medicare ID Panel Overview

6.18.1   Medicare ID Panel Narrative

The Medicare ID panel contains the Medicare ID, Source, and Effective Date for a recipient. Since Medicare ID information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted. Navigation Path: [Recipient] - [Information] - [Recipient Mini Search] – [Medicare] - [Medicare ID]

6.18.2   Medicare ID Panel Layout

6.18.3   Medicare ID Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Medicare ID information. This button is not utilized by Alabama.	Button	N/A	0
Delete	Allows the user to delete Medicare ID information. This button is not utilized by Alabama.	Button	N/A	0
Effective Date	Date the new Medicare ID was added and became effective. In Alabama, this is the date the Medicare ID was added to the EDS system.	Field	Date (MM/DD/CCYY)	8
Medicare ID	Recipient's current or previous Medicare ID (HIC).	Field	Character	12
Source	1 byte source indicator that specifies the external entity that triggered a HIC addition or update. All Medicare ID information in Alabama comes from the nightly AMAES update file.	Combo Box	Drop Down List Box	0

6.18.4   Medicare ID Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is inquiry only.				

6.18.5 Medicare ID Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.18.6 Medicare ID Panel Accessibility

6.18.6.1 To Access the Medicare ID Coverage Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Medicare**.	A list of hyperlinks to panel(s) displays.
6	Select **Medicare ID**.	Medicare ID panel displays.
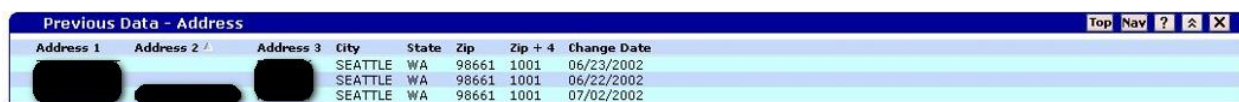
6.19   Previous Data - Address Panel Overview

6.19.1   Previous Data - Address Panel Narrative

The Previous Address panel is used to view previous known addresses for a recipient. If the main address for a recipient is changed, the previous address information is displayed here. If a recipient has more than one previous address, more than one row of data is displayed. The Address panel is inquiry only and is accessed through the Previous Data panel. The recipient's current address information is displayed on the Recipient Information panel.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] - [Previous Data] – [Previous Data - Address]

6.19.2   Previous Data - Address Panel Layout

6.19.3   Previous Data - Address Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	Address line 1 of the recipient's previous address.	Listview	Character	30
Address 2	Address line 2 of the recipient's previous address.	Listview	Character	30
Address 3	Address line 3 of the recipient's previous address. This field is not utilized by Alabama.	Listview	Character	30
Change Date	Date the recipient's address changed.	Listview	Date (MM/DD/CCYY)	8
City	Previous city of the recipient.	Listview	Character	18
State	Previous state of the recipient.	Listview	Character	2
Zip	Recipient's previous zip code.	Listview	Number (Integer)	5
Zip +4	Recipient's previous zip code +4.	Listview	Number (Integer)	4

6.19.4   Previous Data - Address Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.19.5 Previous Data - Address Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.19.6 Previous Data - Address Panel Accessibility

6.19.6.1 To Access the Previous Data-Address Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Previous Data**.	A list of hyperlinks to panel(s) displays.
6	Select **Previous Data-Address**.	Previous Data-Address panel displays.

6.20   Previous Data - County Panel Overview

6.20.1 Previous Data - County Panel Narrative

The Previous County panel is used to view previous known counties for a recipient. If a recipient has more than one previous county, more than one row of data is displayed. The Previous County panel is inquiry only and is accessed through the Previous Data panel.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] - [Previous Data] – [Previous Data - County]

6.20.2 Previous Data - County Panel Layout

6.20.3 Previous Data - County Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Change Date	Date the recipient's county changed.	Listview	Date (MM/DD/CCYY)	8
County Code	Counties of prior residence.	Listview	Character	2
Office Code	County office of prior residence. This field is not utilized by Alabama..	Listview	Character	1

6.20.4 Previous Data - County Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.20.5 Previous Data - County Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.20.6 Previous Data - County Panel Accessibility

6.20.6.1 To Access the Previous Data-County Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.

Step	Action	Response
5	Select **Previous Data**.	A list of hyperlinks to panel(s) displays.
6	Select **Previous Data-County**.	Previous Data-County panel displays.
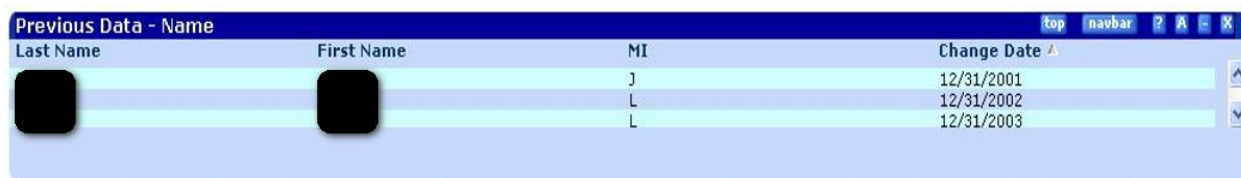
6.21 Previous Data - Name Panel Overview

6.21.1 Previous Data - Name Panel Narrative

The Previous Name panel is used to view previous known names for a recipient. The Previous Name panel is inquiry only and is accessed through the Previous Data panel. If a recipient has more than one previous name, more than one row of data is displayed.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] - [Previous Data] – [Previous Data - Name]

6.21.2 Previous Data - Name Panel Layout

Previous Data - Name			top navbar ? A - X
Last Name	**First Name**	**MI**	**Change Date**
		J	12/31/2001
		L	12/31/2002
		L	12/31/2003

6.21.3 Previous Data - Name Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Change Date	Date the recipient's name was changed.	Listview	Date (MM/DD/CCYY)	8
First Name	Previous first name of a recipient.	Listview	Character	13
Last Name	Previous last name of a recipient.	Listview	Character	15
MI	Previous middle initial of the recipient.	Listview	Character	1

6.21.4 Previous Data - Name Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.21.5 Previous Data - Name Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.21.6 Previous Data - Name Panel Accessibility

6.21.6.1 To Access the Previous Data-Name Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.

Step	Action	Response
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Previous Data**.	A list of hyperlinks to panel(s) displays.
6	Select **Previous Data-Name**.	Previous Data-Name panel displays.

6.22 Previous Data - SSN Panel Overview

6.22.1 Previous Data - SSN Panel Narrative

The Previous SSN panel is used to view previous known Social Security Numbers for a recipient. The Previous SSN panel is inquiry only and is accessed through the Previous Data panel. If a recipient has more than one previous SSN, more than one row of data is displayed.

Navigation Path: [Recipient] - [Information] – [Recipient Mini Search] - [Previous Data] – [Previous Data - SSN]

6.22.2 Previous Data - SSN Panel Layout

6.22.3 Previous Data - SSN Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add SSN information for a recipient. This button is not utilized by Alabama.	Button	N/A	0
Change Date	Date the recipient's SSN was changed.	Listview	Date (MM/DD/CCYY)	8
SSN	Social Security Number of the Recipient.	Listview	Number (Integer)	9

6.22.4 Previous Data - SSN Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.22.5 Previous Data - SSN Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.22.6 Previous Data - SSN Panel Accessibility

6.22.6.1 To Access the Recipient Previous Data-SSN Panel

Step	Action	Response
1	Enter **User Name** and **Password;** Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Mini Search panel displays.
3	Enter **Current ID** or **Case ID**.	
4	Click **Search**.	Recipient Information and Recipient Maintenance panels display.
5	Select **Previous Data**.	A list of hyperlinks to panel(s) displays.
6	Select **Previous Data-SSN**.	Previous Data-SSN panel displays.

6.23 Related Data Page Overview

6.23.1 Related Data Page Narrative
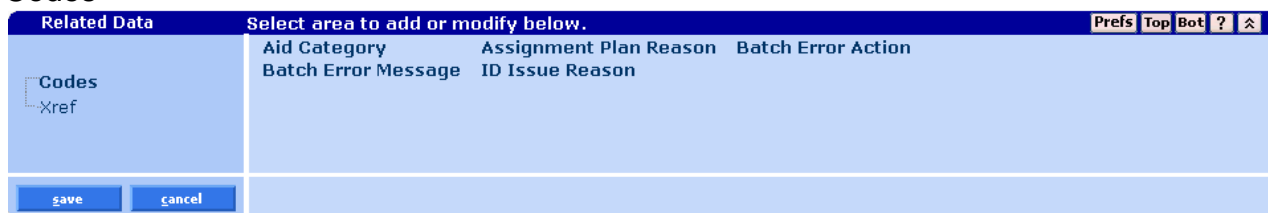
The Related Data page serves as a menu to Related Data panels. Sub-menu options include 'Codes and 'Xref'. The 'Codes' menu is the first to display. Users have the options of selecting 'Xref'.

This page is inquiry only.

Navigation Path: [Recipient] - [Related Data]

6.23.2 Related Data Page Layout

Codes

Xref

6.23.3 Related Data Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Codes				
Aid Category	Link to the Aid Category panel.	Hyperlink	N/A	0
Assignment Plan Reason	Link to the Assignment Plan Reason panel.	Hyperlink	N/A	0
Batch Error Action	Link to the Batch Error Action panel. Used by DXC only.	Hyperlink	N/A	0
Batch Error Message	Link to the Batch Error Message panel. Used by DXC only.	Hyperlink	N/A	0
ID Issue Reason	Link to the ID Issue Reason panel.	Hyperlink	N/A	0
Xref				
Health Program Aid	Link to the Health Program Aid panel.	Hyperlink	N/A	0

6.23.4   Related Data Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.23.5   Related Data Page Extra Features

Field	Field Type
No extra features found for this page.	

6.23.6   Related Data Page Accessibility

6.23.6.1   To Access the Related Data Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.

6.24　Aid Category Panel Overview

6.24.1　Aid Category Panel Narrative

The Aid Category panel stores the valid aid category codes and associated descriptions for Alabama. This is a code table panel that is updateable to those with the proper security access.

Navigation Path: [Recipient] - [Related Data] - [Codes] - [Aid Category]

6.24.2　Aid Category Panel Layout

6.24.3　Aid Category Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Aid Category record.	Button	N/A	0
Aid Category	Identifies the type of aid for which a recipient is eligible.	Field	Character	2
External Short Description	This description is used for display for providers and other external entities.	Field	Character	31
Full Description	Describes the type of aid for which a recipient is eligible. This is the full description that is used internally.	Field	Character	50

6.24.4　Aid Category Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Aid Category	Field	5001	Aid Category is required.	Enter value or cancel transaction.
	Field	5200	A duplicate record cannot be saved.	Verify entries and edit appropriately to create a unique entry.

Field	Field Type	Error Code	Error Message	To Correct
Full Description	Field	5001	Full Description is required.	Enter Full Description or cancel transaction.

6.24.5 Aid Category Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.24.6 Aid Category Panel Accessibility

6.24.6.1 To Access the Aid Category Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	
4	Click the **Aid Category** hyperlink.	Aid Category panel displays.

6.24.6.2 To Add Aid Category Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Aid Category**.	
3	Enter **Full Description**.	
4	Enter **External Short Description**.	
5	Click **Save**.	Aid Category information is saved.

6.24.6.3 To Update Aid Category Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in **Full Description or External Short Description** field to update and perform update.	
3	Click **Save**.	Aid Category information is saved.

6.25 Assignment Plan Reason Panel Overview

6.25.1 Assignment Plan Reason Panel Narrative

The Assignment Plan Reason panel stores the valid assignment plan reason codes and associated descriptions and benefit plan types for Alabama. This is a code table panel that is updateable to those with the proper security access.

Navigation Path: [Recipient] - [Related Data] - [Codes] - [Assignment Plan Reason]

6.25.2 Assignment Plan Reason Panel Layout

6.25.3 Assignment Plan Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Assignment Plan Reason information.	Button	N/A	0
Benefit Plan Type	Benefit Plan Type associated with the reason code. Valid Values: Hospice LOC Lockin Waiver	Combo Box	Drop Down List Box	0
Description	Description associated with the reason code.	Field	Character	50
Reason	Code indicating the reason for the assignment plan.	Field	Character	3

6.25.4 Assignment Plan Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Benefit Plan Type	Combo Box	N/A	A valid Benefit Plan Type is required	Select a Benefit Plan Type from the dropdown box.
Description	Field	N/A	Description is required.	Enter a Description.

Field	Field Type	Error Code	Error Message	To Correct
Reason	Field	N/A	Reason is required.	Enter a Reason.

6.25.5   Assignment Plan Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.25.6   Assignment Plan Reason Panel Accessibility

6.25.6.1   To Access the Assignment Plan Reason Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	
4	Select **Assignment Plan Reason**.	Assignment Plan Reason panel displays.

6.25.6.2   To Add Assignment Plan Reason Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Enter **Reason**.	
3	Enter **Description**.	
4	Select **Benefit Plan Type** from drop down list box.	
5	Click **Save**.	Assignment Plan Reason information is saved.

6.25.6.3   To Update Assignment Plan Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Assignment Plan Reason information is updated.

6.26 Batch Error Action Panel Overview

6.26.1 Batch Error Action Panel Narrative

The Batch Error Action panel contains the valid action codes, descriptions, and priorities that can be used when setting up batch errors for PS/2 processing. This panel is used and maintained by DXC users only.

Navigation Path: [Recipient] - [Related Data] - [Codes] - [Batch Error Action]

6.26.2 Batch Error Action Panel Layout

6.26.3 Batch Error Action Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Batch Error Action record.	Button	N/A	0
Batch Error Action	Indicates the action to be taken when an error fails on the PS/2 transaction.	Field	Number (Integer)	2
Description	Verbal description of the action to be taken when the error fails. This is used on the error report.	Field	Character	20
Priority	Indicates the report priority for the error. Valid values are 1-5. A priority of 1 has the highest and is fatal. Priorities of 2-4 are non-fatal.	Field	Number (Integer)	1

6.26.4 Batch Error Action Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Batch Error Action	Field	5001	Batch Error Action is required.	Enter value or cancel transaction.
	Field	5010	Batch Error Action must be Numeric.	Edit entry to a numeric value or cancel transaction.
	Field	5018	Batch Error Action must be 2 character(s) in length.	Enter value of the correct length or cancel transaction.

Field	Field Type	Error Code	Error Message	To Correct
	Field	5200	A duplicate record cannot be saved.	Verify entries and edit appropriately to create a unique entry.
Description	Field	5001	Description is required.	Enter Description or cancel transaction.
Priority	Field	5001	Priority is required.	Enter value or cancel transaction.
	Field	5010	Priority must be Numeric.	Edit entry to a numeric value or cancel transaction.

6.26.5 Batch Error Action Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.26.6 Batch Error Action Panel Accessibility

6.26.6.1 To Access the Batch Error Action Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	
4	Select **Batch Error Action**.	Batch Error Action panel displays.

6.26.6.2 To Add Batch Error Action Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Enter **Batch Error Action**.	
3	Enter **Description**.	
4	Enter **Priority**.	
5	Click **Save**.	Batch Error Action information is saved.

6.26.6.3 To Update Batch Error Action Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Batch Error Action information is saved.

6.27   Batch Error Message Panel Overview

6.27.1   Batch Error Message Panel Narrative

The Batch Error Message panel contains error number and messages for use in the PS/2 Update Process. This panel is used and maintained by DXC users only.

Navigation Path: [Recipient] - [Related Data] - [Codes] - [Batch Error Message]

6.27.2   Batch Error Message Panel Layout

6.27.3   Batch Error Message Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Active	Indicates status of error message, either a Yes or No.	Combo Box	Drop Down List Box	0
Add	Allows the user to add a new Batch Error Message record.	Button	N/A	0
Batch Error Action	Indicates the action to be taken when an error fails on the PS/2 transaction.	Combo Box	Drop Down List Box	0
Batch Error Message	Error number for a batch edit error.	Field	Character	4
Description	Describes the edit error for batch processing.	Field	Character	75

6.27.4   Batch Error Message Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Batch Error Message	Field	5200	A duplicate record cannot be saved.	Verify entries and edit appropriately to create a unique entry.
	Field	5500	Enter a valid value.	Verify entry is numeric.
Description	Field	5001	Description is required.	Enter Description or cancel transaction.

6.27.5 Batch Error Message Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.27.6 Batch Error Message Panel Accessibility

6.27.6.1 To Access the Batch Error Message Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the Related Data panel.	
4	Select **Batch Error Message**.	Batch Error Message panel displays.

6.27.6.2 To Add the Batch Error Message Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Enter **Batch Error Message**.	
3	Enter **Description**.	
4	Select a **Batch Error Action** code from the drop down list box.	
5	Select an **Active** code from the drop down list box.	
6	Click **Save**.	Batch Error Message information is saved.

6.27.6.3 To Update the Batch Error Message Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Batch Error Message information is saved.

6.28   Health Program Aid Panel Overview

6.28.1 Health Program Aid Panel Narrative

The Health Program Aid panel maintains the list of valid health plan programs and aid category combinations. Users have the ability to 'filter' results by benefit plan or aid category. This panel is used and maintained by DXC users only.

Navigation Path: [Recipient] - [Related Data] - [Xref] - [Health Program Aid]

6.28.2 Health Program Aid Panel Layout

6.28.3 Health Program Aid Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Health Program Aid information.	Button	N/A	0
Aid Category	Type of aid for which a recipient is eligible.	Combo Box	Drop Down List Box	0
Benefit Plan	Benefit Plan associated with the corresponding health program. Benefit Plan is a classification of benefits a recipient can receive.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Buy In A Indicator	Buy-In A Indicator. This field is not utilized by Alabama.	Combo Box	Drop Down List Box	0
Clear	Allows the user to clear any changes on the Health Program Aid panel.	Button	N/A	0
Disabled Indicator	Disabled Indicator. Field not utilized by Alabama. Indicator will always default to 'N'.	Combo Box	Drop Down List Box	0
Dual Aid Indicator	Dual Aid Indicator. Field not utilized by Alabama. Indicator will always default to 'N'.	Combo Box	Drop Down List Box	0
Funding Code	Financial fund code. This field is not utilized by Alabama. Indicator will always default to 'N'.	Combo Box	Drop Down List Box	0
Managed Care Indicator	Managed Care Indicator. Indicates which aid cats are valid for which recipients within Patient 1st. Valid values are: B = Both, H = Health Home, P = Patient 1st, and N = N/A (should be used on all other plans).	Combo Box	Drop Down List Box	0
Records	Number of search items displayed on each page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Benefit Plan, Aid Category and/or Funding Code.	Button	N/A	0

6.28.4 Health Program Aid Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Aid Category	Combo Box	5029	A valid Aid Category is required.	Select a valid item or cancel transaction.
Benefit Plan	Combo Box	5029	A valid Benefit Plan is required.	Select a valid item or cancel transaction.
	Combo Box	5200	A duplicate record cannot be saved.	Verify entries and edit appropriately to create a unique entry.
Buy In A Indicator	Combo Box	5001	Buy-In A Indicator is required.	Select indicator from list.
Disabled Indicator	Combo Box	5001	Disabled Indicator is required.	Select indicator from list.
Dual Aid Indicator	Combo Box	5001	Dual Aid Indicator is required.	Select indicator from list.

Field	Field Type	Error Code	Error Message	To Correct
Funding Code	Combo Box	5029	A valid Funding Code is required.	Select a valid item or cancel transaction.
		1001	Fund code selected is inactive	Select a fund code that is active
Managed Care Indicator	Combo Box	5001	Managed Care Indicator is required.	Select indicator from list.

6.28.5   Health Program Aid Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.28.6   Health Program Aid Panel Accessibility

6.28.6.1   To Access the Health Program Aid Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Xref** hyperlink located on the **Related Data** page.	
4	Select **Health Program Aid**.	Health Program Aid panel displays.

6.28.6.2   To Add the Health Program Aid Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select a response from the **Benefit Plan** drop down list box.	
3	Select a response from the **Aid Category** drop down list box.	
4	Select a response from the **Funding Code** drop down list box.	
5	Select a response from the **Buy-In A Indicator** drop down list box.	
6	Select a response from the **Dual Aid Indicator** drop down list box.	
7	Select a response from the **Managed Care Indicator** drop down list box.	
8	Select a response from the **Disabled Indicator** drop down list box.	

Step	Action	Response
9	Click **Save**.	Health Program Aid information is saved.

6.28.6.3 To Update the Health Program Aid Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Health Program Aid information is saved.

6.29   ID Issue Reason Panel Overview

6.29.1   ID Issue Reason Panel Narrative

The ID Issue Reason panel stores the reason codes and descriptions for issuing an ID card. This panel is used and maintained by DXC users only.

Navigation Path: [Recipient] - [Related Data] - [Codes] - [ID Issue Reason]

6.29.2   ID Issue Reason Panel Layout

6.29.3   ID Issue Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add an ID Issue Reason code.	Button	N/A	0
Description	Actual description the ID card was issued.	Field	Character	15
ID Issue Reason	Reason Code for issuing the Recipient's ID Card.	Field	Character	1

6.29.4   ID Issue Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	5001	Description is required.	Enter description or cancel transaction.
ID Issue Reason	Field	5001	ID Issue Reason is required.	Enter value or cancel transaction.
	Field	5200	A duplicate record cannot be saved.	Verify entries and edit appropriately to create a unique entry.

6.29.5 ID Issue Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.29.6 ID Issue Reason Panel Accessibility

6.29.6.1 To Access the ID Issue Reason Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Related Data**.	Related Data page displays.
3	Click the **Codes** hyperlink located on the **Related Data** panel.	
4	Select **ID Issue Reason**.	ID Issue Reason panel displays.

6.29.6.2 To Add the ID Issue Reason Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **ID Issue Reason**.	
3	Enter **Description**.	
4	Click **Save**.	ID Issue Reason information is saved.

6.29.6.3 To Update the ID Issue Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	ID Issue Reason information is saved.

6.30   EDB Search Panel Overview

6.30.1   EDB Search Panel Narrative

The EDB Search panel allows a user to search for EDB information from the EDB (Enrollment Database) file for a recipient. The search criteria includes Medicaid ID, SSN and HIC numbers. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information are displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search]

6.30.2   EDB Search Panel Layout

6.30.3   EDB Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear out all fields from the search fields.	Button	N/A	0
Date Processed	Date updated by AMMIS.	Listview	Date (MM/DD/CCYY)	8
DOB	Date of Birth of a recipient.	Listview	Date (MM/DD/CCYY)	8
First Name	First Name of a recipient.	Listview	Character	15
HIC	Recipient Medicare ID.	Field/Listview	Character	11
Last Name	Last Name of a recipient.	Listview	Character	24
Medicaid ID	State Recipient ID Number.	Field/Listview	Character	12
MI	Middle Initial of a recipient.	Listview	Character	1
Records	Records - Allows the user to specify how many records should be returned per page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Search	Allows the user to return search results based on the entered search criteria.	Button	N/A	0
Sex	Gender code for a recipient.	Listview	Character	1
SSN	Social Security Number of a recipient.	Field/Listview	Number (Integer)	9

6.30.4 EDB Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.30.5 EDB Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.30.6 EDB Search Panel Accessibility

6.30.6.1 To Access the EDB Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.

6.30.6.2 To Navigate the EDB Search Panel

Step	Action	Response
1	Enter **Medicaid ID**, **SSN** or **HIC**.	
2	Click **Search**.	EDB Entitlement Information and EDB Maintenance panels display.

6.31   EDB Entitlement Information Panel Overview

6.31.1   EDB Entitlement Information Panel Narrative

The EDB Entitlement Information panel allows the user to view the EDB base information from the EDB (Enrollment Database) file for a member. Information from this panel is used to help assign Medicare Part A and B coverage to recipients. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] - [EDB Entitlement Information]

6.31.2   EDB Entitlement Information Panel Layout

6.31.3   EDB Entitlement Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Disability Justification Code	The justification for a beneficiary's Part A and/or Part B Medicare entitlement dates based upon his/her disability insurance benefits (DIB) status.	Field	Character	1
Disability Start Date	Date a beneficiary became entitled to Disability Insurance Benefits.	Field	Date (MM/DD/CCYY)	8
Entitlement End Date	Last date through which a beneficiary is entitled to Disability Insurance Benefits.	Field	Date (MM/DD/CCYY)	8
Entitlement Reason Change Date	Date the Reason for Entitlement or Termination of Entitlement for a Beneficiary was changed according to the EDB file from CMS.	Field	Date (MM/DD/CCYY)	8
Entitlement Reason Code	Reason for Entitlement or Termination of Entitlement for a Beneficiary.	Field	Character	1
HIC ID	Recipient's Medicare ID.	Field	Character	11

Field	Description	Field Type	Data Type	Length
Medicaid ID	Recipient's Medicaid ID.	Field	Character	25
Part A End Date	Last date through which a beneficiary is entitled to Part A benefits. After this date, the Part A benefits are terminated. (Source: SSA / RRB).	Field	Date (MM/DD/CCYY)	8
Part A Entitlement Reason	Reason code for a Beneficiary's Enrollment to Part A Benefits.	Field	Character	1
Part A Entitlement Start Date	Date a beneficiary became entitled to Part A Medicare benefits.	Field	Date (MM/DD/CCYY)	8
Part A Entitlement Status	Reason for Entitlement or Termination of a Beneficiary's Part A Benefits during a period of coverage. (Source: SSA / RRB).	Field	Character	1
Part A No Entitlement	Code that occurs when there is No Part A Entitlement Date.	Field	Character	1
Part B End Date	Last date through which a beneficiary is entitled to Part B benefits. After this date, the Part B benefits are terminated. (Source: SSA / RRB).	Field	Date (MM/DD/CCYY)	8
Part B Entitlement Reason	Reason code for a Beneficiary's Enrollment to Part B Benefits.	Field	Character	1
Part B Entitlement Start Date	Date a beneficiary became entitled to Part B Medicare benefits.	Field	Date (MM/DD/CCYY)	8
Part B Entitlement Status	Reason for Entitlement or Termination of a Beneficiary's Part B Benefits during a period of coverage. (Source: SSA / RRB).	Field	Character	1
Part B No Entitlement	Code that occurs when there is No Part B Entitlement Date.	Field	Character	1
Payee	Yes or No (Y or N) indicator specifying if the beneficiary has a Representative Payee.	Field	Character	1
Premium Payer Code (Part A)	Identifier for the Third Party Agency responsible for paying a Medicare beneficiary's Part A premiums.	Field	Character	1
Premium Payer Code (Part B)	Identifier for the Third Party Agency responsible for paying a Medicare beneficiary's Part B premiums.	Field	Character	1
SSN	Recipient's Social Security Number.	Field	Character	9

Field	Description	Field Type	Data Type	Length
Unmask	Unmask button helps to unmask SSN field.	Button	N/A	0

6.31.4   EDB Entitlement Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.31.5   EDB Entitlement Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.31.6   EDB Entitlement Information Panel Accessibility

6.31.6.1   To Access the EDB Entitlement Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	**EDB Entitlement Information** and EDB Maintenance panels display.

6.32   EDB Entitlement Maintenance Panel Overview

6.32.1   EDB Entitlement Maintenance Panel Narrative

The EDB Entitlement Maintenance panel is the access point for EDB maintenance within the Recipient system. Users can choose from a list of panels. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] -[EDB Search Results] - [EDB Entitlement Maintenance]

6.32.2   EDB Entitlement Maintenance Panel Layout

EDB Maintenance Select area below.			Prefs Top Bot ? ⌃
EDB	Addresses End Stage Renal Disease Hospice	Buy-In Part A Group Health SSN	Buy-In Part B HIC
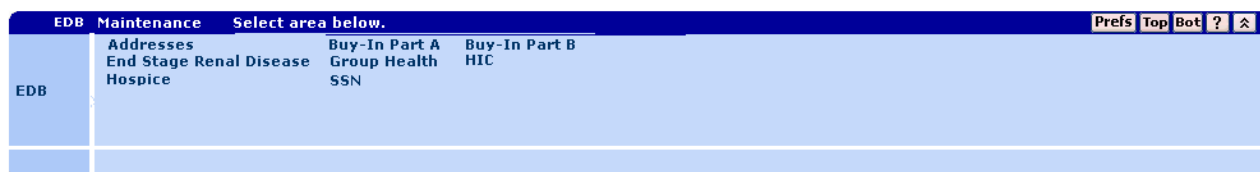
6.32.3   EDB Entitlement Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Addresses	Link to the Addresses panel.	Hyperlink	N/A	0
Buy-In Part A	Link to the Buy-In Part A panel.	Hyperlink	N/A	0
Buy-In Part B	Link to the Buy-In Part B panel.	Hyperlink	N/A	0
End Stage Renal Disease	Link to the End Stage Renal Disease panel.	Hyperlink	N/A	0
Group Health	Link to the Group Health panel.	Hyperlink	N/A	0
HIC	Link to the HIC panel.	Hyperlink	N/A	0
Hospice	Link to the Hospice panel.	Hyperlink	N/A	0
SSN	Link to the SSN panel.	Hyperlink	N/A	0

6.32.4   EDB Entitlement Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.32.5   EDB Entitlement Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.32.6   EDB Entitlement Maintenance Panel Accessibility

6.32.6.1   To Access the EDB Entitlement Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Maintenance panel displays.

6.33   EDB Addresses Panel Overview

6.33.1 EDB Addresses Panel Narrative

The EDB Addresses panel allows the user to view the address as listed on the EDB (Enrollment Database) file. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [Addresses]

6.33.2 EDB Addresses Panel Layout

6.33.3 EDB Addresses Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	Mailing address #1 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22
Address 2	Mailing address #2 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22
Address 3	Mailing address #3 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22
Address 4	Mailing address #4 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22
Address 5	Mailing address #5 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22
Address 6	Mailing address #6 where the beneficiary or the beneficiary's representative payee can be contacted.	Field	Character	22

Field	Description	Field Type	Data Type	Length
Change Date	Date on which the beneficiary's Zip Code, State Code, County Code, or District Office last changed. (Source: SSA / RRB).	Field	Date (MM/DD/CCYY)	8
Zip Code	Zip Code of the Mailing Address where the beneficiary may be contacted. (Source: SSA /RRB).	Field	Character	9

6.33.4   EDB Addresses Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.33.5   EDB Addresses Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.33.6   EDB Addresses Panel Accessibility

6.33.6.1   To Access the EDB Addresses Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **Addresses**.	EDB Addresses panel displays.

6.34   EDB Buy-In Part A Panel Overview

6.34.1   EDB Buy-In Part A Panel Narrative

The EDB Buy-In Part A panel allows the user to view the Buy-In Part A information from the EDB (Enrollment Database) file for a member. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [Buy-In Part A]

6.34.2   EDB Buy-In Part A Panel Layout

6.34.3   EDB Buy-In Part A Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accretion Bill Date	Date indicating the year and month that the Third Party System processed a Third Party Agency's Part A Accretion.	Field	Date (MM/CCYY)	6
Accretion Trans Code	Numeric code indicating the accretion of a beneficiary to a Third Party Agency that is responsible for paying the Part A Medicare premium.	Field	Character	4
Buy In Eligibility Code	Code that indicates the reason for State Buy-In Eligibility.	Field	Character	1
Deletion Bill Date	Date indicating the year and month that the Third Party System processed a Third Party Agency Part A Deletion Action.	Field	Date (MM/CCYY)	6
Deletion Trans Code	Code that indicates the reason for Deletion of a Beneficiary from a Third Party Part A Agency.	Field	Character	4

Field	Description	Field Type	Data Type	Length
Prem Pay Code	Identifier for a Third Party Agency (Either a Private Group or a State Buy-In Agency) responsible for paying a Medicare beneficiary's Part A premiums.	Field	Character	3
Start Date	Day a beneficiary became entitled to Part A Medicare benefits.	Field	Date (MM/DD/CCYY)	8
Termination Date	Last date of a Private Third Party Group's or State's liability for a beneficiary's Part A premium.	Field	Date (MM/DD/CCYY)	8

6.34.4 EDB Buy-In Part A Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.34.5 EDB Buy-In Part A Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.34.6 EDB Buy-In Part A Panel Accessibility

6.34.6.1 To Access the EDB Buy-In Part A Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **Buy-In Part A**.	EDB Buy-In Part A panel displays.

6.35   EDB Buy-In Part B Panel Overview

6.35.1   EDB Buy-In Part B Panel Narrative

The EDB Buy-In Part B panel allows the user to view the Buy-In Part B information from the EDB (Enrollment Database) file for a member. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel.   This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [Buy-In Part B]

6.35.2   EDB Buy-In Part B Panel Layout

6.35.3   EDB Buy-In Part B Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accretion Bill Date	Date indicating the year and month that the Third Party System processed a Third Party Agency's Part B Accretion.	Field	Date (MM/CCYY)	6
Accretion Trans Code	Numeric code indicating the accretion of a beneficiary to a Third Party Agency that is responsible for paying the Part B Medicare premium.	Field	Character	4
Buy In Eligibility Code	Code that indicates the reason for State Buy-In Eligibility.	Field	Character	1
Deletion Bill Date	Date indicating the year and month that the Third Party System processed a Third Party Agency Part B Deletion Action.	Field	Date (MM/CCYY)	6
Deletion Trans Code	Code that indicates the reason for Deletion of a Beneficiary from a Third Party Part B Agency.	Field	Character	4

Field	Description	Field Type	Data Type	Length
Prem Pay Code	Identifier for a Third Party Agency (Either a Private Group or a State Buy-In Agency) responsible for paying a Medicare beneficiary's Part B premiums.	Field	Character	3
Start Date	Day a beneficiary became entitled to Part B Medicare benefits.	Field	Date (MM/DD/CCYY)	8
Termination Date	Last date of a Private Third Party Group's or State's liability for a beneficiary's Part B premium.	Field	Date (MM/DD/CCYY)	8

6.35.4 EDB Buy-In Part B Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.35.5 EDB Buy-In Part B Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.35.6 EDB Buy-In Part B Panel Accessibility

6.35.6.1 To Access the EDB Buy-In Part B Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID, SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **Buy-In Part B**.	EDB Buy-In Part B panel displays.

6.36   EDB End Stage Renal Disease Panel Overview

6.36.1   EDB End Stage Renal Disease Panel Narrative

The EDB End Stage Renal Disease panel allows the user to view the End Stage Renal Disease (ESRD) information from the EDB (Enrollment Database) file for a specific member. The information includes the start and termination dates for coverage, dialysis, and transplant information, plus the reason for coverage termination. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [End Stage Renal Disease]

6.36.2   EDB End Stage Renal Disease Panel Layout

6.36.3   EDB End Stage Renal Disease Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Coverage End Date	Date on which the Beneficiary is no longer Entitled to Medicare under ESRD provisions.	Field	Date (MM/DD/CCYY)	8
Coverage Start Date	Date on which the Beneficiary is Entitled to Medicare in some part, because of a diagnosis of End Stage Renal Disease.	Field	Date (MM/DD/CCYY)	8
Dialysis Start Date	Date that indicates when ESRD Dialysis started.	Field	Date (MM/DD/CCYY)	8
Dialysis End Date	Date that indicates when ESRD Dialysis ended.	Field	Date (MM/DD/CCYY)	8
Termination Reason Code	Code that indicates the reason Medicare-Based End Stage Renal Disease Coverage was Terminated.	Field	Character	1
Transplant Start Date	Date that indicates when a Kidney Transplant Operation occurred.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Transplant End Date	Date that indicates when a Kidney Transplant Failed.	Field	Date (MM/DD/CCYY)	8

6.36.4 EDB End Stage Renal Disease Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.36.5 EDB End Stage Renal Disease Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.36.6 EDB End Stage Renal Disease Panel Accessibility

6.36.6.1 To Access the EDB End Stage Renal Disease Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **End Stage Renal Disease**.	EDB End Stage Renal Disease panel displays.

6.37   EDB Group Health Panel Overview

6.37.1   EDB Group Health Panel Narrative

The EDB Group Health panel allows the user to view Group Health information from the EDB (Enrollment Database) file for a member. This Group Health information includes both enrollment and personal benefits. Information on this panel is used in Medicare Advantage enrollment as part of Managed Care. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [Group Health]

6.37.2   EDB Group Health Panel Layout

6.37.3   EDB Group Health Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Contract #	Number identifying a particular GHO Enrollment. Use CMS's Online Systems to associate the Contractor Number with a GHO Plan Name.	Listview	Character	5
Disenrollment Date	Date that a Beneficiary's Enrollment in a Group Health Organization Terminates.	Listview	Date (MM/DD/CCYY)	8
Enrollment Start Date	Date of a Beneficiary's Enrollment in a GHO.	Listview	Date (MM/DD/CCYY)	8
GHP Enrollment Effective Date	Date the beneficiary's Group Health Program (GHP) Enrollment becomes effective.	Field	Date (MM/DD/CCYY)	8
PBP Coverage TypeCode	Beneficiary's Personal Benefits Package Type Code.	Field	Character	2
PBP End Date	Date the beneficiary's Personal Benefits Package ends.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
PBP Number	The beneficiary's Personal Benefits Package Number.	Field	Character	3
PBP Start Date	Date the beneficiary starts their Personal Benefits Package.	Field	Date (MM/DD/CCYY)	8

6.37.4 EDB Group Health Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.37.5 EDB Group Health Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.37.6 EDB Group Health Panel Accessibility

6.37.6.1 To Access the EDB Group Health Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **Group Health**.	EDB Group Health panel displays**.**
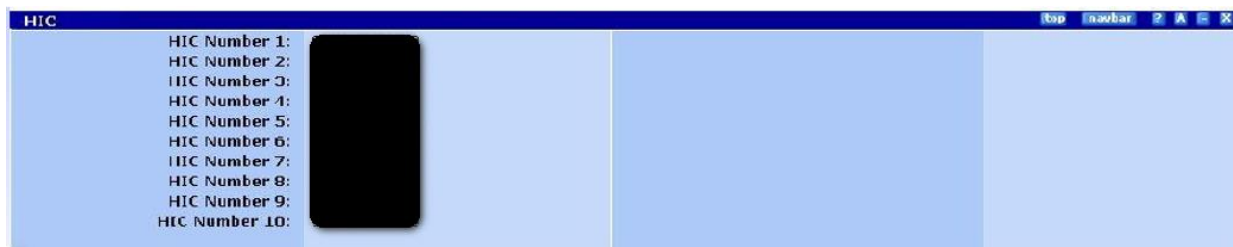
6.38   EDB HIC Panel Overview

6.38.1   EDB HIC Panel Narrative

The EDB HIC panel allows the user to view the HIC number (Medicare ID) information from the EDB (Enrollment Database) file for a member. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [HIC]

6.38.2   EDB HIC Panel Layout

6.38.3   EDB HIC Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
HIC Number	Benefit claim number. Occurs up to 10 times.	Listview	Character	1

6.38.4   EDB HIC Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.38.5   EDB HIC Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.38.6   EDB HIC Panel Accessibility

6.38.6.1   To Access the EDB HIC Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **HIC**.	EDB HIC panel displays.

6.39 EDB Hospice Panel Overview

6.39.1 EDB Hospice Panel Narrative

The EDB Hospice panel allows the user to view Hospice information from the EDB (Enrollment Database) file for a Buy-In member. EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Maintenance] - [Hospice]

6.39.2 EDB Hospice Panel Layout

6.39.3 EDB Hospice Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Coverage Processing Date	Date the Hospice Relation was updated on the EDB.	Listview	Date (MM/DD/CCYY)	8
Coverage Start Date	Elected start date of a Beneficiary's period of Hospice Coverage.	Listview	Date (MM/DD/CCYY)	8
Coverage Termination Date	Termination date of a Beneficiary's period of Hospice Coverage.	Listview	Date (MM/DD/CCYY)	8

6.39.4 EDB Hospice Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.39.5 EDB Hospice Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.39.6   EDB Hospice Panel Accessibility

6.39.6.1   To Access the EDB Hospice Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **Hospice**.	EDB Hospice panel displays.

6.40   EDB SSN Panel Overview

6.40.1   EDB SSN Panel Narrative

The EDB SSN panel allows the user to view the list of past Social Security Number information from the EDB (Enrollment Database) file for a member.   EDB information is transmitted from the Alabama Medicaid Agency bi-monthly, as received from CMS. Per the CMS website, "Medicare's Enrollment Database (EDB) is the authoritative source for all Medicare entitlement information. This database contains information on all individuals entitled to Medicare, including demographic information, enrollment dates, third party buy-in information, and Medicare managed care enrollment." Only those recipients who have EDB information will have data displayed on this panel. This panel is inquiry only.

Navigation Path: [Recipient] - [EDB Search] – [EDB Search Results] – [EDB Entitlement Maintenance] - [SSN]

6.40.2   EDB SSN Panel Layout
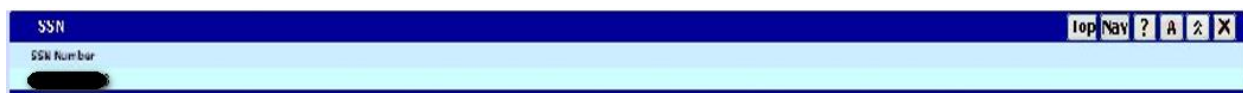
6.40.3   EDB SSN Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
SSN Number	Social Security number of a member. Occurs up to 5 times.	Listview	Number (Integer)	9

6.40.4   EDB SSN Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.40.5   EDB SSN Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.40.6   EDB SSN Panel Accessibility

6.40.6.1   To Access the EDB SSN Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **EDB Search**.	EDB Search panel displays.
3	Enter **Medicaid ID**, **SSN** or **HIC**.	

Step	Action	Response
4	Select **Search**.	EDB Entitlement Information and EDB Maintenance panels display.
5	Select **SSN**.	EDB SSN panel displays.

6.41   Case Search Panel Overview

6.41.1 Case Search Panel Narrative

The Case Search panel allows the user to locate Case (Payee) information by selecting Search By criteria. The listed information differs based on search criteria selected. Users may search by Case Number (Payee ID) or Current ID.

Navigation Path: [Recipient] - [Case Search]

6.41.2 Case Search Panel Layout

6.41.3 Case Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Number	The Case Number indicates the ID number given to the responsible party-guardian.	Field	Number (Integer)	12
Clear	Allows the user to clear any changes made on the Case Search panel.	Button	N/A	0
Current ID	Case head's Medicaid identification number.	Field	Character	12
Records	Allows the user to specify how many records should be returned per page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Case Number or Current ID.	Button	N/A	0

6.41.4 Case Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Case Number	Field	9000	Case ID must be Alpha Numeric.	Enter an alphanumeric value.
Search	Button	9000	At least one search field should be entered for search criteria.	An entry is required to search for a case. Type in the Case ID or Current ID.

6.41.5 Case Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.41.6 Case Search Panel Accessibility

6.41.6.1 To Access the Case Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.
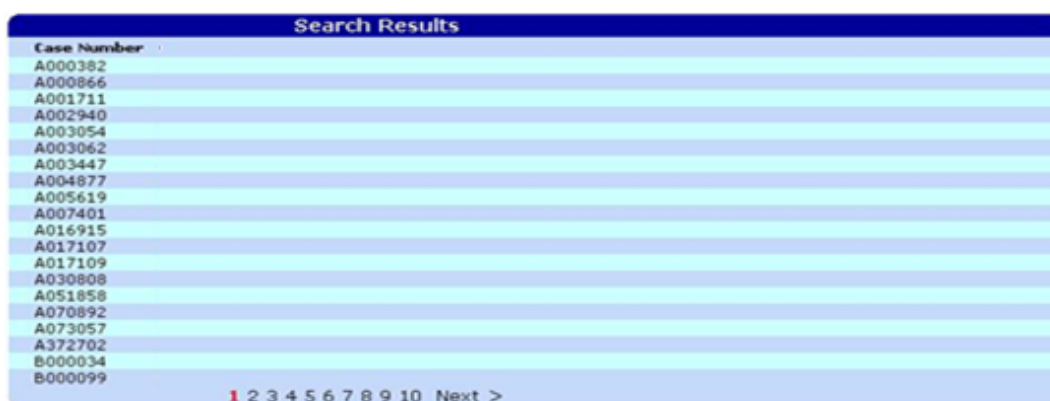
6.42   Case Search Results Panel Overview

6.42.1   Case Search Results Panel Narrative

The Case Search Results data list is displayed as a result of the user clicking the search button on the Case Search panel. If, based on the criteria entered, there are multiple records that match the user's search criteria, the data list is displayed listing all the matching records. If only one match is found, the data list is not displayed. Instead, the Case Information panel for the selected record is displayed.

Navigation Path: [Recipient] – [Case Search] – [Case Search Results]

6.42.2   Case Search Results Panel Layout

6.42.3   Case Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Number	The Case Number indicates the ID number given to the responsible party-guardian.	Listview	Character	12

6.42.4   Case Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.42.5   Case Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.42.6   Case Search Results Panel Accessibility

6.42.6.1   To Access the Case Search Results Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.
3	Enter **Case Number**, **Last Name**, or **Current ID**.	
4	Click **Search**.	Case Search Results panel displays.
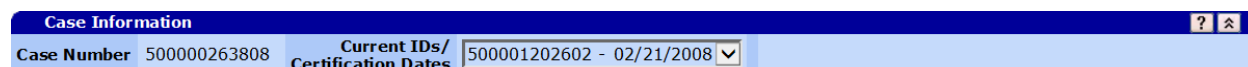
6.43 Case Information Panel Overview

6.43.1 Case Information Panel Narrative

The Case Information panel contains basic information about a Case (Payee). All Case information displayed on the panel comes directly from the nightly eligibility update file. Update access will not be granted. This panel is display only.

Navigation Path: [Recipient] - [Case Search] – [Case Search Results] – [Case Information]

6.43.2 Case Information Panel Layout

6.43.3 Case Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Number	The Case Number indicates the identification number given to the responsible party-guardian.	Field	Character	12
Current IDs/Certification Dates	List of all the recipients who have belonged to the Case and the dates they became certified in the Case. Certification Date is the date the Case was added to the system.	Combo Box	Drop Down List Box	0

6.43.4 Case Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.43.5 Case Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.43.6 Case Information Panel Accessibility

6.43.6.1 To Access the Case Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.
3	Enter **Case Number** or **Current ID**.	
4	Click **Search**.	Case Search Results panel displays.

Step	Action	Response
5	Click to highlight the row.	**Case Information** and Case Maintenance panels display.
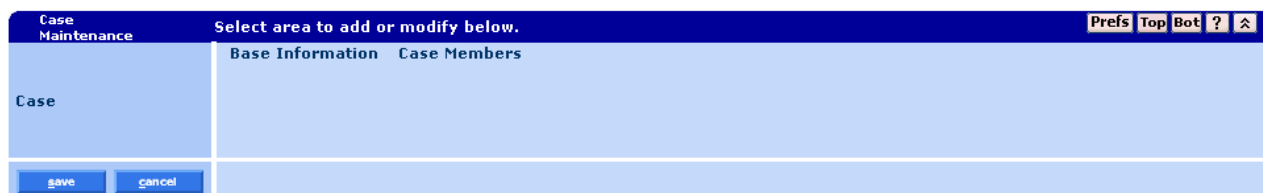
6.44   Case Maintenance Panel Overview

6.44.1 Case Maintenance Panel Narrative

The Case Maintenance Panel is used to navigate to Case (Payee) maintenance panels. The right-hand portion of this panel contains hyperlinks that open individual panels: Base Information, Case Members, and Case Spenddown. This panel is inquiry only.

Navigation Path: [Recipient] - [Case Search] – [Case Search Results]

6.44.2 Case Maintenance Panel Layout

6.44.3 Case Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Base Information	Links to the Base Information panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel any changes on the Case Maintenance panels. This button is not available in Alabama.	Button	N/A	0
Case Members	Links to the Case Members panel.	Hyperlink	N/A	0
Save	Allows the user to save a record for Case Maintenance. This button is not available in Alabama.	Button	N/A	0

6.44.4 Case Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.44.5 Case Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.44.6 Case Maintenance Panel Accessibility

6.44.6.1 To Access the Case Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.
3	Enter **Case Number**, **Last Name** or **Current ID**.	
4	Click **Search**.	Case Search Results panel displays.
5	Click to highlight the row.	Case Information and Case Maintenance panels display.
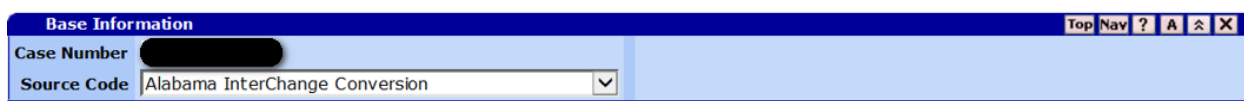
6.45   Case Base Information Panel Overview

6.45.1 Case Base Information Panel Narrative

The Case Base Information panel contains additional information about a Case (Payee). Though the panel was originally built for update purposes, the panel is inquiry only in Alabama. Since Case information displayed on the panel comes directly from the nightly eligibility update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] - [Case Search] – [Case Search Results] - [Case Maintenance] – [Base Information]

6.45.2 Case Base Information Panel Layout

Base Information	Top Nav ? A ⌃ X
Case Number	
Source Code	Alabama InterChange Conversion ▾

6.45.3 Case Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Number	The Case Number indicates the identification number given to the responsible party-guardian.	Field	Character	12
Source Code	Source of the Case record. All Case information comes directly from the nightly AMAES update file.	Combo Box	Drop Down List box	0

6.45.4 Case Base Information Panel Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is Inquiry only.				

6.45.5 Case Base Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.45.6 Case Base Information Panel Accessibility

6.45.6.1 To Access the Case Base Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.

Step	Action	Response
3	Enter **Case Number** or **Current ID**.	
4	Click **Search**.	Case Search Results panel displays.
5	Click to highlight the row.	Case Information and Case Maintenance panels display.
6	Select **Base Information**.	Case Base Information panel displays.

6.46   Case Members Panel Overview

6.46.1 Case Members Panel Narrative

The Case Members panel is used to view the members of a Case (Payee). Since Case information displayed on the panel comes directly from the nightly AMAES update file, the panel is inquiry only in the production environment. Update access will not be granted.

Navigation Path: [Recipient] - [Case Search] –[Case Search Results] - [Case Maintenance] – [Case Members]

6.46.2 Case Members Panel Layout

6.46.3 Case Members Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Case Member information. This button is not utilized by Alabama.	Button	N/A	0
Certification Date	Date the recipient became certified in the case. Certification Date is the date the Case was added to the system.	Field	Date (MM/DD/CCYY)	8
Current ID	The Medicaid ID assigned to a Recipient.	Field	Character	12
First name	Recipient's first name.	Field	Character	13
Delete	Allows the user to delete Case Member information. This field is not utilized by Alabama.	Button	N/A	0
Last Name	Recipient's last name.	Field	Character	15
MI	Recipient's middle initial.	Field	Character	1

Field	Description	Field Type	Data Type	Length
[Search]	Initiates the Search by Current ID, Medicare ID, Case ID, SSN or Last Name. First Name, Gender, Birth Date and County must have at least the Last Name entered to perform a search.		N/A	0

6.46.4 Case Members Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel. Panel is Inquiry only.				

6.46.5 Case Members Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.46.6 Case Members Panel Accessibility

6.46.6.1 To Access the Case Members Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Case Search**.	Case Search panel displays.
3	Enter **Case Number**, **Last Name**, or **Current ID**.	
4	Click **Search**.	Case Search Results panel displays.
5	Click to highlight the row.	Case Information and Case Maintenance panels display.
6	Select **Case Members**.	Case Members panel displays.

6.47 Recipient Other IDs Search Panel Overview

6.47.1 Recipient Other IDs Search Panel Narrative

The Recipient Other IDs Search allows a search by recipient ID. This panel is used to display all Medicaid numbers associated with the recipient ID entered. The results of the search are displayed on the "Recipient Other IDs" panel.

Navigation Path: [Recipient] – [Other IDs Search]

6.47.2 Recipient Other IDs Search Panel Layout

6.47.3 Recipient Other IDs Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the Recipient Other IDs Search panel.	Button	N/A	0
Medicaid ID	Used to capture the ID entered by the user for which information is retrieved.	Field	Character	12
Records	Allows the user to specify how many records should be returned per page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Medicaid ID.	Button	N/A	0

6.47.4 Recipient Other IDs Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Medicaid ID	Field	1	Medicaid ID is required	Enter a valid Medicaid ID number.
	Field	2	Medicaid ID must be numeric	Enter a valid numeric Medicaid ID number.

6.47.5 Recipient Other IDs Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.47.6   Recipient Other IDs Search Panel Accessibility

6.47.6.1   To Access the Recipient Other IDs Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Other IDs Search**.	Recipient Other IDs Search panel displays.

6.47.6.2   To Navigate the Recipient Other IDs Search Panel

Step	Action	Response
1	Enter **Medicaid ID**.	
2	Click **Search**.	Search Results Other IDs are displayed, if applicable.

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6.48   Recipient Other IDs Panel Overview

6.48.1 Recipient Other IDs Panel Narrative

The Recipient Other IDs panel is used to determine all the Medicaid IDs that have been associated with a different ID (see what IDs have been linked together using the "rekey" process). The Recipient Other IDs panel is an expanded version of the Recipient Previous IDs panel and is inquiry only.

Navigation Path: [Recipient] - [Other IDs Search]

6.48.2 Recipient Other IDs Panel Layout

Search Results						
Current Active ID	Source File	Last Name	First Name	MI	Date Processed	Check Digit
▮▮▮▮▮▮▮	Base	▮▮▮▮▮	PHRA	B	02/13/2007	6
Search Results						
ID	Source File	Last Name	First Name	MI	Date Processed	Check Digit
▮▮▮▮▮▮▮	Link	▮▮▮▮▮	▮▮▮▮▮	A	02/13/2007	7
▮▮▮▮▮▮▮	Link				02/05/2007	8

6.48.3 Recipient Other IDs Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Check Digit	The 13th or last digit for the recipient's Medicaid identification number.	Listview	Character	1
Current Active ID	ID that is currently active and contains the active eligibility information that is used for eligibility verification and claims processing.	Listview	Character	12
Date Processed	Date that the Recipient Link was received and processed.	Listview	Date (MM/DD/CCYY)	8
First Name	First name of recipient.	Listview	Character	15
ID	Lists all Recipient Medicaid IDs linked to the 'active' Current ID.	Listview	Character	12
Last Name	Last name of recipient.	Listview	Character	20
MI	Middle Initial of recipient.	Listview	Character	1
Source File	Indicates which table the recipient was found on.	Listview	Character	10

6.48.4 Recipient Other IDs Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.48.5 Recipient Other IDs Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.48.6 Recipient Other IDs Panel Accessibility

6.48.6.1 To Access Recipient Other IDs Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and **click Other IDs Search**.	Recipient Other IDs Search panel displays.
3	Enter **Medicaid ID**.	
4	Click **Search**.	Search Results for Other IDs is displayed, if applicable.

6.49 Service Usage Search Panel Overview

6.49.1 Service Usage Search Panel Narrative

The Service Usage Search panel (Benefit Limits) allows a user to enter Medicaid ID and Service Year or SSN and Service Year (Note: Service Year, in CCYY format, MUST be entered in order for the panel to function correctly). The search returns service usage associated with that recipient.

This panel is inquiry only.

Navigation Path: [Recipient] - [Service Usage Search]

6.49.2 Service Usage Search Panel Layout

6.49.3 Service Usage Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the Recipient Service Usage Search panel.	Button	N/A	0
Current ID	Recipient's Medicaid identification number.	Field	Character	12
Records	Allows the user to specify how many records should be returned per page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0
Search	Initiates the search by Current ID and Service Year, or Social Security Number and Service Year.	Button	N/A	0
Service Year	The year when the Recipient received services.	Field	Date (CCYY)	4
Soc Sec No	The recipient's Social Security Number.	Field	Number (Integer)	9

6.49.4 Service Usage Search Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.49.5   Service Usage Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.49.6   Service Usage Search Panel Accessibility

6.49.6.1   To Access the Service Usage Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Service Usage Search**.	Service Usage Search panel displays.

6.50   Service Usage Search Results Panel Overview

6.50.1   Service Usage Search Results Panel Narrative

The Service Usage Search Results panel (Benefit Limits) is used to show service usage for a recipient, returned from the Recipient Service Usage Search panel. This panel is inquiry only.

Navigation: [Recipient] – [Service Usage Search] – [Service Usage Search Results]

6.50.2   Service Usage Search Results Panel Layout

Search Results														
Service Limt	Service Limit Description	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
10	Inpatient Hospital Visits-PD													0
11	Outpatient Hospital Visits-PD													0
12	Physician Visits-PD						1	1			1			3
13	Home Health Visits-PD													0
14	Ambulatory Surgical Center-PD													0
15	Dialysis Service-PD													0
16	Eyeglass Frames-PD													0
17	Eyeglass Lens-PD													0
18	Eyeglass Fitting-PD													0
19	Eyeglass Exam-PD													0

1 2 3 4 Next >

6.50.3   Service Usage Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Apr	The benefit limit count for a recipient for April.	Field	Number (Integer)	6
Aug	The benefit limit count for a recipient for August.	Field	Number (Integer)	6
Dec	The benefit limit count for a recipient for December.	Field	Number (Integer)	6
Feb	The benefit limit count for a recipient for February.	Field	Number (Integer)	6
Jan	The benefit limit count for a recipient for January.	Field	Number (Integer)	6
July	The benefit limit count for a recipient for July.	Field	Number (Integer)	6
Jun	The benefit limit count for a recipient in June.	Field	Number (Integer)	6
Mar	The benefit limit count for a recipient for March.	Field	Number (Integer)	6
May	The benefit limit count for a recipient for May.	Field	Number (Integer)	6
Nov	The benefit limit count for a recipient in November.	Field	Number (Integer)	6
Oct	The benefit limit count for a recipient in October.	Field	Number (Integer)	6

Field	Description	Field Type	Data Type	Length
Sep	The benefit limit count for a recipient in September.	Field	Number (Integer)	6
Service Limit	The category key for the benefit limit.	Field	Character	2
Service Limit Description	The description of the benefit limit category.	Field	Character	30
Total	The benefit limit count for a member in the Service Year.	Field	Number (Integer)	6

6.50.4 Service Usage Search Results Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.50.5 Service Usage Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.50.6 Service Usage Search Results Panel Accessibility

6.50.6.1 To Access the Service Usage Search Results Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Service Usage Search**.	Service Usage Search panel displays.
3	Enter **Current ID** and **Service Year**, or **Social Security Number** and **Service Year**.	
4	Click **Search**.	Service Usage Search Results panel displays.

6.51   Service Usage ICN Search Results Panel Overview

6.51.1   Service Usage ICN Search Results Panel Narrative

The Service Usage ICN Search Results panel is used to show claim information for a service limit chosen on the Recipient Service Usage Search Result panel.

This panel is display only.

Navigation: [Recipient] – [Service Usage Search] – [Service Usage Search Results] – [Service Usage ICN Search Results]

6.51.2   Service Usage ICN Search Results Panel Layout

6.51.3   Service Usage ICN Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Billing Pharmacy Provider Name	The name of the Billing Provider.	Field	Character	25
Claim Type	Description of the value assigned to a specific claim type.	Field	Character	50
Current ID	Recipient's Medicaid identification number.	Field	Character	12
Date Paid	Date on which the claim was paid.	Field	Date (MM/DD/CCYY)	8
Detail Number	The number of the detail on a claim record which counts toward this particular service usage category.	Field	Number (Integer)	4
FDOS	Date on which service began.	Field	Date (MM/DD/CCYY)	8
ICN	Internal Control Number associated with the claim.	Field	Number (Integer)	13
Label Name	The name of the drug labeler.	Field	Character	35
PA/Forced indicator	Indicates if a claim's detail paid as the result of a PA or having a benefit limit audit forced. Valid values are: P - dtl paid as the result of a PA, F - dtl paid as the result of a forced benefit limit audit, Space - Default value - dtl paid through normal	Field	Character	1
Status	Description of Claim Status.	Field	Character	20

Field	Description	Field Type	Data Type	Length
TDOS	Last service date covered by claim.	Field	Date (MM/DD/CCYY)	8

6.51.4 Service Usage ICN Search Results Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.51.5 Service Usage ICN Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.51.6 Service Usage ICN Search Results Panel Accessibility

6.51.6.1 To Access the Service Usage ICN Search Results Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Service Usage Search**.	Service Usage Search panel displays.
3	Enter **Current ID**, **Social Security Number** or **Service Year**.	
4	Click **Search**.	Service Usage Search Results panel displays.
5	Click on **Service Limit** row to view ICN details.	Service Usage ICN Search Results panel displays.

6.52 Recipient ICN Link Search Panel Overview

6.52.1 Recipient ICN Link Search Panel Narrative

The Recipient ICN Link Search panel allows the user to search by either ICN, Old RID or New RID or a combination of any of the three fields. The search returns the results associated with the combination of search criteria entered by the user.

This panel is inquiry only.

Navigation Path: [Recipient] - [Recipient ICN Link Search]

6.52.2 Recipient ICN Link Search Panel Layout

5.50.1 Recipient ICN Link Search Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the Recipient ICN Link Search panel.	Button	N/A	0
ICN	Number assigned to a claim processed in the system.	Field	Character	13
New RID	Identification number assigned to recipient of services. This is the number associated with the SAK_RECIP_NEW.	Field	Character	12
Old RID	Identification number assigned to recipient of services. This is the number associated with the SAK_RECIP_OLD.	Field	Character	12
Records	Allows the user to specify how many records should be returned per page (5, 10, 20, 50, or 100).	Combo Box	Drop Down List Box	0
Search	Initiates the search by ICN and Old RID and New RID.	Button	N/A	0

6.52.3 Recipient ICN Link Search Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.52.4 Recipient ICN Link Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.52.5 Recipient ICN Link Search Panel Accessibility

6.52.5.1   To Access the Recipient ICN Link Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Recipient ICN Link Search.**	Recipient ICN Link Search panel displays.

6.53   Recipient ICN Link Search Results Panel Overview

6.53.1 Recipient ICN Link Search Results Panel Narrative

The Recipient ICN Link Search Results panel is used to show the results returned based upon the search criteria entered by the user on the Recipient ICN Link Search panel.

This panel is inquiry only.

Navigation: [Recipient] – [Recipient ICN Link Search] – [Recipient ICN Link Search Results]

6.53.2 Recipient ICN Link Search Results Panel Layout

Recipient ICN List Results

ICN	Old RID	Old Recipient Name	Old Recipient DOB	New RID	New Recipient Name	New Recipient DOB	Date	Time
1108064216006			09/11/1965			07/22/1959	10/16/2010	15:59:21
1108064216006			07/22/1959			06/19/1963	10/15/2010	16:13:57
1108064216006			07/26/1943			09/11/1965	10/15/2010	15:54:57

6.53.3 Recipient ICN Link Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date	Date the claim was moved to the new recipient.	Field	Date (MM/DD/CCYY)	8
ICN	Number assigned to a claim processed in the system.	Field	Character	13
New RID	Identification number assigned to recipient of services. This is the number associated with the SAK_RECIP_NEW.	Field	Character	12
New Recipient DOB	Date of birth of the new recipient assigned to the claim.	Field	Date (MM/DD/CCYY)	8
New Recipient Name	Name of the new recipient assigned to the claim.	Field	Character	36
Old RID	Identification number assigned to recipient of services. This is the number associated with the SAK_RECIP_OLD.	Field	Character	12
Old Recipient DOB	Date of birth of the recipient formerly assigned to the claim.	Field	Date (MM/DD/CCYY)	8
Old Recipient Name	Name of the recipient formerly assigned to the claim.	Field	Character	36
Time	Time the claim was moved to the new recipient.	Field	Number(Integer)	8

6.53.4 Recipient ICN Link Search Results Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.53.5 Recipient ICN Link Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.53.6 Recipient ICN Link Search Results Panel Accessibility

6.53.6.1   To Access the Recipient ICN Link Search Results Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click **Recipient ICN Link Search**.	Recipient ICN Link Search panel displays.
3	Enter **ICN** or **Old RID** or **New RID**.	
4	Click **Search**.	Recipient ICN Link Search Results panel displays.

6.54 Recipient Sub Menu Panel Overview

6.54.1 Recipient Sub Menu Panel Narrative

This panel has list of sub menus for Recipient Data Maintenance Subsystems

Navigation Path: Recipient menu option

6.54.2 Recipient Sub Menu Panel Layout

6.54.3 Recipient Sub Menu Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Search	A link to Recipient Data Maintenance Case Search Page.	Hyperlink	N/A	0
EDB Search	A link to Recipient Data Maintenance EDB Search Page.	Hyperlink	N/A	0
Information	A link to Recipient Data Maintenance Information Page.	Hyperlink	N/A	0
Other ID's Search	A link to Recipient Data Maintenance Other ID's Search Page.	Hyperlink	N/A	0
Preferences	Link to Preferences	Hyperlink	N/A	0
Recipient ICN Link Search	A link to Recipient Data Maintenance Recipient ICN Link Search Page.	Hyperlink	N/A	0
Related Data	A link to Recipient Data Maintenance Related data page.	Hyperlink	N/A	0
Search	A link to Recipient Data Maintenance Search Page.	Hyperlink	N/A	0
Service Usage Search	A link to Recipient Data Maintenance Service Usage Search Page.	Hyperlink	N/A	0

6.54.4 Recipient Sub Menu Panel Field Edit Errors

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.54.5 Recipient Sub Menu Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.54.6 Recipient Sub Menu Panel Accessibility

6.54.6.1   To Access the Recipient Sub Menu Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Recipient** and click any link from the menu.	Recipient Sub menu will get displayed.

7. Reports

The Recipient User Manual provides the following information for each report:

Narrative: Provides a brief description of the report functionality and usage.

Layout: Provides a representation of the report and details the exact placement and format of the field names, values and heading information.

Field Descriptions: Lists the fields included on the report, with a definition of each field.

7.1   ELG-0001-D -- Total ID Card Counts by County Report

7.1.1   ELG-0001-D -- Total ID Card Counts by County Report Narrative

The Total ID Card Counts by County report (ELG-0001-D) lists each of the counties alphabetically with the total number of ID cards that were issued for the county each day. This number includes all replacement cards or new cards.

A "Total" column at the end of report displays the number of cards printed for the State of Alabama for that day. This number is calculated by adding all county card totals together for a grand total. This report is produced daily.

7.1.2   ELG-0001-D -- Total ID Card Counts by County Report Layout

```
Report  : ELG-0001-D                        ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : ELGJD040                    MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:  HH:MM:SS
Location: ELGPD04C                        TOTAL ID CARD COUNTS BY COUNTY                 Page:  9,999
                                          REPORT PERIOD: MM/DD/CCYY
        --------------------------------------------------------------------------------------------------

                                                    NUMBER OF

                                 COUNTY             CARDS ISSUED

        --------------------------------------------------------------------------------------------------

                                 XXXXXXXXXXXX          999,999,999

                                 XXXXXXXXXXXX          999,999,999

                                 XXXXXXXXXXXX          999,999,999

                                 XXXXXXXXXXXX          999,999,999


                                 TOTAL:               999,999,999


                                      ** END OF REPORT **

                                      ** NO DATA THIS RUN **

```

7.1.3 ELG-0001-D -- Total ID Card Counts by County Report Field Descriptions

Field	Description	Length	Data Type
County	Recipient's county name.	12	Character
Number of Cards Issued	Lists the total number of plastic ID cards issued to recipients in that county for that day.	11	Number (Decimal)
Total	Total number of plastic ID cards issued for the counties.	11	Number (Decimal)

7.2   ELG-0002-D -- ID Card Summary Report

7.2.1   ELG-0002-D -- ID Card Summary Report Narrative

The ID Card Summary report lists the total number of ID cards generated according to the reason codes sent by the AMAES system. The reasons are listed as follows:

- Never Received Card

- Lost Card

- Card was Stolen

- Damaged or Destroyed

- Change in Name

- Change in Sex

- Change in Race

- Change in DOB

- Change In Medicaid Number

- Disaster Loss

- New Card

- Awarded Eligibility

- Eligibility Re-Awarded

- New Medicaid Number

- Left Nursing Home

A Total line displays how many cards were actually generated for the day.

The purpose of the ID Card Summary report is to allow the AMMIS client to view the number of ID cards created or re-issued, and the reason for the ID Card. This report is produced daily.

7.2.2   ELG-0002-D -- ID Card Summary Report Layout

```
Report  : ELG-0002-D                        ALABAMA MEDICAID AGENCY                       Run Date: MM/DD/CCYY
Process : ELGJD040                  MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: ELGPD04A                             ID CARD SUMMARY                            Page:      999,999
                                           REPORT PERIOD: MM/DD/CCYY


                 ---------------------------------------------------------------------------------------------

                                                    AMAES

                 ---------------------------------------------------------------------------------------------

                                 NEVER RECEIVED CARD:              999,999,999

                                 LOST CARD:                        999,999,999

                                 CARD WAS STOLEN:                  999,999,999

                                 DAMAGED OR DESTROYED:             999,999,999

                                 CHANGE IN NAME:                   999,999,999

                                 CHANGE IN SEX:                    999,999,999

                                 CHANGE IN RACE:                   999,999,999

                                 CHANGE IN DOB:                    999,999,999

                                 CHANGE IN MEDICAID NUMBER:        999,999,999

                                 DISASTER LOSS                     999,999,999

                                 NEW CARD:                         999,999,999

                                 AWARDED ELIGIBILITY:              999,999,999

                                 ELIGIBILITY RE-AWARDED:           999,999,999

                                 NEW MEDICAID NUMBER:              999,999,999

                                 LEFT NURSING HOME:                999,999,999




                                 TOTAL:                            999,999,999


                                       ** END OF REPORT **

                                       ** NO DATA THIS RUN **
```

7.2.3   ELG-0002-D -- ID Card Summary Report Field Descriptions

Field	Description	Length	Data Type
Awarded Eligibility	Total number of cards printed for recipients who had eligibility awarded.	11	Number (Integer)
Card was Stolen	Total number of cards printed for recipients whose cards were stolen.	11	Number (Integer)
Change in DOB	Total number of cards printed for recipients that had date of birth information that was incorrect on the card.	11	Number (Integer)
Change in Medicaid Number	Total number of cards printed for recipients who changed their Medicaid number or had information that was incorrect on the card.	11	Number (Integer)
Change in Name	Total number of cards printed for recipients who changed their name or information was incorrect on the card.	11	Number (Integer)
Change in Race	Total number of cards printed for recipients that had race information that was incorrect on the card.	11	Number (Integer)
Change in Sex	Total number of cards printed for recipients who changed their sex or information was incorrect on the card.	11	Number (Integer)
Damaged or Destroyed	Total number of cards printed for recipients who had a damaged card that needed to be replaced.	11	Number (Integer)
Disaster Loss	Total number of cards printed for recipients whose card was lost due to a significant natural disaster.	11	Number (Integer)
Eligibility Re-Awarded	Total number of cards printed for recipients who had eligibility re-awarded.	11	Number (Integer)
Left Nursing Home	Total number of cards printed for recipients who left a nursing home.	11	Number (Integer)
Lost Card	Total number of cards printed for recipients who lost their cards.	11	Number (Integer)
Never Received Card	Total number of recipients who had a card issued, but never received the card.	11	Number (Integer)

Field	Description	Length	Data Type
New Card	Total number of cards printed for recipients who had a new card issued.	11	Number (Integer)
New Medicaid Number	Total number of cards printed for recipients who received a new Medicaid number.	11	Number (Integer)
Total	Total number of cards generated daily for all counties.	11	Number (Integer)

7.3   ELG-0003CL-D--AMACL Daily Error Report

7.3.1   ELG-0003CL-D--AMACL Daily Error Report Narrative

This report will provide a complete listing of all errors produced from the AMAES Closure transactions received and processed Monday thru Friday from the Agency.

7.3.2   ELG-0003CL-D--AMACL Daily Error Report Layout

```
Report  : ELG-0003CL-D                        ALABAMA MEDICAID AGENCY                         Run Date: MM/DD/CCYY
Process : ELGJD013C                    MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time: HH:MM:SS
Location: ELGPD013                        AMAES DAILY CLOSURE ERROR REPORT                    Page:      999,999
                                                PERIOD: MM/DD/CCYY



TCD     MEDICAID ID    SSN         FIRST NAME    M  LAST NAME            SOURCE  ERROR CODE
ERROR FIELD                                         ERROR DESCRIPTION
----------------------------------------------------------------------------------------------------------------


X      XXXXXXXXXXX    XXXXXXXXX    XXXXXX        X  XXXXXXXX             XXXXX   XXXX
XXXXXXXXXXXXXXX                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


X      XXXXXXXXXXX    XXXXXXXXX    XXXXXX        X  XXXXXXXX             XXXXX   XXXX
XXXXXXXXXXXXXXX                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



        TOTAL ERRORS FOR REPORT:          99,999,999



                                      ***    END OF REPORT    ***
                                      ***   NO DATA THIS REPORT   ***
```

7.3.3   ELG-0003CL-D--AMACL Daily Error Report Field Descriptions

Field	Description	Length	Data Type
Error Code	Error Number for a batch Edit Error.	4	Character
Error Description	Description of Error.	70	Character
Error Field	Data that is causing the error.	15	Character

Field	Description	Length	Data Type
First Name	First Name of the recipient.	15	Character
Last Name	Last Name of the recipient.	20	Character
Medicaid ID	Medicaid identification number of the recipient.	12	Character
Middle Initial	Middle Initial of the recipient	1	Character
SSN	Recipient's Social Security Number.	9	Character
Source	Identifies the process source code AMACL.	5	Character
TCD	External Transaction Code (Not used for AMAES data).	4	Character
Total Errors for Report	Total number of errors reported.	10	Number (Integer)

7.4 ELG-0003-D –Complete Error Report

7.4.1 ELG-0003-D – Complete Error Report Narrative

The Complete Error report provides a complete listing of all errors produced from the application of AMAES data to the AMMIS databases.

7.4.2 ELG-0003-D – Complete Error Report Layout

```
Report  : ELG-0003-D                        ALABAMA MEDICAID AGENCY                        Run Date: MM/DD/CCYY
Process : ELGJD013                   MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:  HH:MM:SS
Location: ELGPD013                           COMPLETE ERROR REPORT                          Page:       999,999
                                          REPORT PERIOD:  MM/DD/CCYY



                 TCD   MEDICAID ID   SSN        FIRST NAME    M  LAST NAME          SOURCE  ERROR CODE
                                                                               ERROR DESCRIPTION

        -------------------------------------------------------------------------------------------------------
                 XXXX  XXXXXXXXXXX   XXXXXXXX   XXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXX   XXXX
                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXX  XXXXXXXXXXX   XXXXXXXX   XXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXX   XXXX
                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX




                             TOTAL ERRORS FOR REPORT: 99,999,999


                                      ** END OF REPORT **

                              ***   NO DATA THIS REPORT   ***
```

7.4.3 ELG-0003-D – Complete Error Report Field Descriptions

Field	Description	Length	Data Type
Error Code	Error Number for a batch Edit Error.	4	Character
Error Description	Description of error message.	70	Character

Field	Description	Length	Data Type
First Name	First Name of the recipient.	15	Character
Last Name	Last Name of the recipient.	20	Character
Medicaid ID	The Medicaid identification number of the recipient.	12	Character
M	The middle initial of the recipient.	1	Character
SSN	Recipient's Social Security Number.	9	Number (Integer)
Source	Identifies the recipient's source code.	5	Character
TCD	External Transaction Code (not used for AMAES data).	4	Character
Total Errors for this Report	Total number of errors reported.	10	Number (Decimal)

7.5 ELG-0003DR-D--AMADR Daily Error Report

7.5.1 ELG-0003DR-D-- AMADR Daily Error Report Narrative

This report will provide a complete listing of all errors produced from the AMAES Drastic transactions which are produced and processed Monday thru Friday as generated by the Agency update transactions.

7.5.2 ELG-0003DR-D-- AMADR Daily Error Report Layout

```
Report  : ELG-0003DR-D                          ALABAMA MEDICAID AGENCY                       Run Date: MM/DD/CCYY
Process : ELGJD013D                       MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time: HH:MM:SS
Location: ELGPD013                         AMAES DAILY DRASTIC CHANGE ERROR REPORT            Page:      999,999
                                                   REPORT PERIOD:  MM/DD/CCYY


TCD    MEDICAID ID    SSN        FIRST NAME    M  LAST NAME        SOURCE  ERROR CODE
ERROR FIELD                                       ERROR DESCRIPTION
------------------------------------------------------------------------------------------------------------------

X      XXXXXXXXXXXX   XXXXXXXXX  XXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXX  XXXXX   XXXX
XXXXXXXXXXXXXXX                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

X      XXXXXXXXXXXX   XXXXXXXXX  XXXXXXX         X  XXXXXXXX              XXXXX   XXXX
XXXXXXXXXXXXXXX                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


        TOTAL ERRORS FOR REPORT:         99,999,999


                              ***   END OF REPORT   ***
                              ***   NO DATA THIS REPORT   ***
```

7.5.3 ELG-0003DR-D-- AMADR Daily Error Report Field Descriptions

Field	Description	Length	Data Type
Error Code	Error Number for a batch Edit Error.	4	Character
Error Description	Description of Error.	70	Character
Error Field	Data that is causing the error.	15	Character
First Name	First Name of the recipient.	15	Character
Last Name	Last Name of the recipient.	20	Character

Field	Description	Length	Data Type
Medicaid ID	Medicaid identification number of the recipient.	12	Character
Middle Initial	Middle Initial of the recipient.	1	Character
SSN	Recipient's Social Security Number.	9	Character
Source	Identifies the process source code AMADR.	5	Character
TCD	External Transaction Code (Not used for AMAES data).	4	Character
Total Errors for Report	Total number of errors reported.	10	Number (Integer)

7.6　ELG-0004CL-D--AMACL Daily Transaction Report Count

7.6.1　ELG-0004CL-D--AMACL Daily Transaction Count Report Narrative

This daily report lists the total number of AMACL Closure transactions received and processed with no errors, processed with non-fatal errors, and not processed due to fatal errors. This report is used to determine the total AMACL transactions received and processed on the AMMIS.

7.6.2　ELG-0004CL-D--AMACL Daily Transaction Count Report Layout

```
Report  : ELG-0004CL-D                        ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD012C                      MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: ELGPD012                    AMAES DAILY CLOSURE TRANSACTION COUNT REPORT             Page:        999,999
                                              REPORT PERIOD:  MM/DD/CCYY


------------------------------------------------------------------------------------------------------------------

  AMACL    AMAES Closure Transactions

            TOTAL TRANSACTIONS RECEIVED:                               99,999,999
            TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:               99,999,999
            TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS:        99,999,999
            TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS:      99,999,999


                                     ** END OF REPORT **
                           ***   NO DATA THIS REPORT    ***
```

7.6.3　ELG-0004CL-D--AMACL Daily Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due To Fatal Errors	Total number of transactions not processed due to fatal errors.	10	Number (Integer)
Total Transactions Processed With No Errors	Total number of transactions processed with no errors.	10	Number (Integer)
Total Transactions Processed With Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	10	Number (Integer)
Total Transactions Received	Total number of transactions received.	10	Number (Integer)

7.7 ELG-0004-D -- AMAES Daily Transaction Count Report

7.7.1 ELG-0004-D -- AMAES Daily Transaction Count Report Narrative

The AMAES Daily Transaction Count report lists the total number of AMAES transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors.

This report is used to confirm that all AMAES transactions sent that day from interChange clients were received and processed on the MMIS.

7.7.2 ELG-0004-D -- AMAES Daily Transaction Count Report Layout

```
Report  : ELG-0004-D                        ALABAMA MEDICAID AGENCY                         Run Date: MM/DD/CCYY
Process : ELGJD012                    MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:  HH:MM:SS
Location: ELGPD012                      AMAES DAILY TRANSACTION COUNT REPORT                Page:        999,999
                                          REPORT PERIOD:  MM/DD/CCYY
------------------------------------------------------------------------------------------------------------------

   AMAES    AMAES Daily Input

           TOTAL TRANSACTIONS RECEIVED:                              99,999,999
           TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:              99,999,999
           TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS:       99,999,999
           TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS:     99,999,999


                                         ** END OF REPORT **
```

7.7.3 ELG-0004-D -- AMAES Daily Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due To Fatal Errors	Total number of transactions not processed due to fatal errors.	10	Number (Decimal)
Total Transactions Processed With No Errors	Total number of transactions processed with no errors.	10	Number (Decimal)
Total Transactions Processed With Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	10	Number (Decimal)
Total Transactions Received	Total number of transactions received.	10	Number (Decimal)

7.8 ELG-0004DR-D--AMADR Daily Transaction Count Report

7.8.1 ELG-0004DR-D--AMADR Daily Transaction Count Report Narrative

This daily report lists the total number of AMADR Drastic change transactions received and processed with no errors, processed with non-fatal errors, and not processed due to fatal errors. This report is used to determine the total AMADR transactions received and processed on the AMMIS.

7.8.2 ELG-0004DR-D--AMADR Daily Transaction Count Report Layout

```
Report  : ELG-0004DR-D                          ALABAMA MEDICAID AGENCY                         Run Date: MM/DD/CCYY
Process : ELGJD012D                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:  HH:MM:SS
Location: ELGPD012                 AMAES DAILY DRASTIC CHANGE TRANSACTION COUNT REPORT           Page:       999,999
                                              REPORT PERIOD: MM/DD/CCYY


---------------------------------------------------------------------------------------------------------------


  AMADR    AMAES Drastic Eligibility Change Transactions


           TOTAL TRANSACTIONS RECEIVED:                                    99,999,999
           TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:                    99,999,999
           TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS:             99,999,999
           TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS:           99,999,999


                                      ** END OF REPORT **
                               ***   NO DATA THIS REPORT   ***
```

7.8.3 ELG-0004DR-D--AMADR Daily Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due To Fatal Errors	Total number of transactions not processed due to fatal errors.	10	Number (Decimal)
Total Transactions Processed With No Errors	Total number of transactions processed with no errors.	10	Number (Decimal)
Total Transactions Processed With Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	10	Number (Decimal)
Total Transactions Received	Total number of transactions received.	10	Number (Decimal)

7.9 ELG-0007CL-D--AMACL Daily Error Count Report

7.9.1 ELG-0007CL-D--AMACL Daily Error Count Report Narrative

This report prints a summary of all errors produced from the AMAES Closure transactions received and processed Monday thru Friday from the Agency. The report includes the error number, the number of times the error occurred, the action taken when the error failed, and a description of the error.

The purpose of this report is to summarize the AMACL errors that occurred during the process.

7.9.2 ELG-0007CL-D--AMACL Daily Error Count Report Layout

```
Report  : ELG-0007CL-D                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD020C                       MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:  HH:MM:SS
Location: ELGPDC12                         AMAES DAILY CLOSURE ERROR COUNT REPORT                 Page:       999,999
                                             REPORT PERIOD:  MM/DD/CCYY


   ---------------------------------------------------------------------------------------------------------------
    ERROR          FAILURE COUNT    ACTION CODE    *--------------------------------ERROR DESCRIPTION----------------------*
   ---------------------------------------------------------------------------------------------------------------

     7777             9,999,999          9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     8888             9,999,999          9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     9999             9,999,999          9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX




                                          ** END OF REPORT **

                                  ***    NO DATA THIS REPORT    ***
```

7.9.3 ELG-0007CL-D--AMACL Daily Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	The action taken when the error occurred.	1	Character
Error Code	Error Code.	4	Character

Field	Description	Length	Data Type
Error Description	Description of the Error Code.	75	Character
Failure Count	Number of times Error occurred.	7	Character

7.10   ELG-0007-D -- AMAES Daily Error Count Report

7.10.1 ELG-0007-D -- AMAES Daily Error Count Report Narrative

The AMAES Daily Error Count report is a summary of the error code failures for the day. The report includes the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error.

The purpose of this report is to summarize the AMAES errors that occurred during the day.

7.10.2 ELG-0007-D -- AMAES Daily Error Count Report Layout

```
Report  : ELG-0007-D                       ALABAMA MEDICAID AGENCY                         Run Date:  MM/DD/CCYY
Process : ELGJD020                    MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MM:SS
Location: ELGPDC12                         AMAES DAILY ERROR COUNT REPORT                  Page:        999,999
                                           REPORT PERIOD: MM/DD/CCYY



-----------------------------------------------------------------------------------------------------------------
    ERROR      FAILURE COUNT      ACTION CODE     *----------------------------ERROR DESCRIPTION---------------------------------*
-----------------------------------------------------------------------------------------------------------------


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


    9999         999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                           ** END OF REPORT **

                                           ** NO DATA THIS RUN **
```

7.10.3   ELG-0007-D – AMAES Daily Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	Action taken when the error failed.	1	Number (Integer)
Error	Error code.	4	Character
Error Description	Text description of the message.	75	Character
Failure Count	Number of times error occurred.	7	Number (Decimal)

7.11 ELG-0007DR-D--AMADR Daily Error Count Report

7.11.1 ELG-0007DR-D--AMADR Daily Error Count Report Narrative

This report prints a summary of all errors produced from the AMAES Drastic change transactions received and processed Monday thru Friday from the Agency. The report includes the error number, the number of times the error occurred, the action taken when the error failed, and a description of the error.

The purpose of this report is to summarize the AMADR errors that occurred during the process.

7.11.2 ELG-0007DR-D--AMADR Daily Error Count Report Layout

```
Report  : ELG-0007DR-D                        ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD020D                    MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:  HH:MM:SS
Location: ELGPDC12                    AMAES DAILY DRASTIC CHANGE ERROR COUNT REPORT            Page:       999,999
                                             REPORT PERIOD:  MM/DD/CCYY


-----------------------------------------------------------------------------------------------------------------
   ERROR          FAILURE COUNT    ACTION CODE    *------------------------------ERROR DESCRIPTION----------------------*
-----------------------------------------------------------------------------------------------------------------

   7777            9,999,999          9           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   8888            9,999,999          9           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   9999            9,999,999          9           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX




                              ** END OF REPORT **

                         ***   NO DATA THIS REPORT   ***
```

7.11.3 ELG-0007DR-D--AMADR Daily Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	Action taken when the error failed.	1	Number (Integer)
Error	Error code.	4	Character

Field	Description	Length	Data Type
Error Description	Text description of the message.	75	Character
Failure Count	Number of times error occurred.	7	Number (Decimal)

7.12 ELG-0009-D -- Eligible ID Card Recipients Report

7.12.1 ELG-0009-D -- Eligible ID Card Recipients Report Narrative

The Eligible ID Card Recipients report lists the recipient names and IDs that appear on the plastic ID cards created that day.

This report is used to identify which recipients had a plastic ID card created that day.

7.12.2 ELG-0009-D -- Eligible ID Card Recipients Report Layout

```
Report  : ELG-0009-D                        ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : ELGJD040                   MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:  HH:MM:SS
Location: ELGPD04B                         ELIGIBLE ID CARD RECIPIENTS                   Page:      999,999
                                         REPORT PERIOD: MM/DD/CCYY


                                                           COUNTY:    XXXXXXXXXXXX


        ----------------------------------------------------------------------------------------------------

           RECIPIENT NAME           RECIPIENT ID                    RECIPIENT NAME           RECIPIENT ID

        ----------------------------------------------------------------------------------------------------


        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX
        XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX                 XXXXXXXXXXXXXX XXXXXXXXXXXX X   XXXXXXXXXXXX


                          TOTAL RECIPIENTS FOR COUNTY XXXXXXXXXXXX:         999,999


                          TOTAL RECIPIENTS FOR REPORT:                     999,999

                                       ** END OF REPORT **

                                       ** NO DATA THIS RUN **
```

7.12.3 ELG-0009-D -- Eligible ID Card Recipients Report Field Descriptions

Field	Description	Length	Data Type
County	County of residence for a group of recipients.	12	Character
Recipient ID	Recipient's Medicaid ID that is printed on the plastic ID card.	12	Character
Recipient Name	Recipient's last name, first name, and middle initial format.	31	Character
Total Recipients for County XXXXXXXXXXXX	Total number of recipients issued ID cards within a specified county.	7	Number (Decimal)
Total Recipients for Report	Total number of recipients issued ID cards for all counties included in this report.	7	Number (Decimal)

7.13   ELG-0011-W -- Potential Duplicate InterChange Recipient Report

7.13.1 ELG-0011-W -- Potential Duplicate InterChange Recipient Report Narrative

The Potential Duplicate interChange Recipient report lists all recipients who were identified as a potential duplicate during the process. The report shows the recipient ID, name, SSN, and DOB for both recipients. All active (non/linked) recipients are considered during the reporting process.

This report shows only those pairs of recipients, one of whom have not been recently eligible and therefore are most likely no longer on the AMAES system. Recently eligible is defined as having eligibility within the current 3 year eligibility period or for the three years prior to that. Because the AMAES system grants eligibility only for full years, if the current eligibility is being granted for January 2010, a recipient would be listed on this report if they had not been eligible on or after January 1st, 2005. Recipients who have not been eligible will have an asterisk beside their information on the report. Either one or both of the recipients could have an asterisk. Recipients who have been eligible sometime during that period are listed on the ELG-0012-W report.

This report is used to identify recipients who are potentially duplicates. These recipient IDs should be researched further to determine if a duplicate actually exists or not. The report is sorted by SSN and recipient ID. This report is produced weekly.

7.13.2 ELG-0011-W -- Potential Duplicate InterChange Recipient Report Layout

```
Report  : ELG-0011-W                           ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJW012                      MEDICAID INFORMATION MANAGEMENT SYSTEM                   Run Time:   HH:MM:SS
Location: ELGPW020                    POTENTIAL DUPLICATE INTERCHANGE RECIPIENT REPORT           Page:        999,999

------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------
*-------------------- RECIPIENT 1 ----------------------------*    *----------------------RECIPIENT 2 ----------------------------*
RECIPIENT ID      RECIPIENT NAME            SSN      DOB           RECIPIENT ID      RECIPIENT NAME            SSN      DOB
------------------------------------------------------------------------------------------------------------------------


XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *    XXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY *
                                          ** END OF REPORT **
                                          ** NO DATA THIS RUN **
```

7.13.3 ELG-0011-W -- Potential Duplicate InterChange Recipient Report Field Descriptions

Field	Description	Length	Data Type
Asterisk	An asterisk is placed on a line for an MMIS recipient who is no longer on the State Agency's AMAES file. This is determined based upon the most recent eligibility date on the recipient. As of 9/4/2009, a recipient is assumed to have been removed from the State Agency's AMAES file if they do not have eligibility on or after January 1, 2004.	1	Character
DOB	Recipient date of birth.	10	Date (MM/DD/CCYY)
Recipient ID	Recipient ID.	12	Character
Recipient Name	Recipient first and last name	31	Character
SSN	Recipient social security number	9	Number (Integer)

7.14   ELG-0012-W -- Potential Duplicate AMAES Recipient Report

7.14.1 ELG-0012-W -- Potential Duplicate AMAES Recipient Report Narrative

The Potential Duplicate AMAES Recipient report lists all recipients who were identified as a potential duplicate during the process. The report shows the recipient ID, name, SSN, and DOB for both recipients.. All active (non/linked) recipients are considered during the reporting process.

This report shows only those pairs of recipients, both of whom have been recently eligible and therefore are most likely on the AMAES system. Recently eligible is defined as having eligibility within the current 3 year eligibility period or for the three years prior to that. Because the AMAES system grants eligibility only for full years, if the current eligibility is being granted for January 2010, a recipient would be listed on this report only if they had been eligible on or after January 1st, 2005. Recipients who have not been eligible sometime during that period are listed on the ELG-0011-W report.

This report is used to identify recipients who are potentially duplicates. These recipient IDs should be researched further to determine if a duplicate actually exists or not. The report is sorted by SSN and recipient ID. This report is produced weekly.

7.14.2 ELG-0012-W -- Potential Duplicate AMAES Recipient Report Layout

```
Report  : ELG-0012-W                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJW012                     MEDICAID INFORMATION MANAGEMENT SYSTEM                  Run Time:   HH:MM:SS
Location: ELGPW020                      POTENTIAL DUPLICATE AMAES RECIPIENT REPORT                Page:     999,999
--------------------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------------------
*-------------------- RECIPIENT 1 ----------------------------*    *--------------------RECIPIENT 2 ----------------------------*
RECIPIENT ID      RECIPIENT NAME              SSN      DOB          RECIPIENT ID      RECIPIENT NAME              SSN      DOB
--------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999 MM/DD/CCYY      XXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXX 999999999  MM/DD/CCYY
                                   ** END OF REPORT **
                                   ** NO DATA THIS RUN **
```

7.14.3   ELG-0012-W -- Potential Duplicate AMAES Recipient Report Field Descriptions

Field	Description	Length	Data Type
DOB	Recipient date of birth.	10	Date (MM/DD/CCYY)
Recipient ID	Recipient ID.	12	Character
Recipient Name	Recipient first and last name	31	Character
SSN	Recipient social security number	9	Number (Integer)

7.15   ELG-0014-D – AMAES Part A B Error Count Report

7.15.1   ELG-0014-D – AMAES Part A B Error Count Report Narrative

The AMAES Part A B Error Count report is a summary of the AMAES Part A B error code failures for the day. The report includes the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error. This report is produced daily.

7.15.2   ELG-0014-D – AMAES Part A B Error Count Report Layout

```
   Report  : ELG-0014-D                     ALABAMA MEDICAID AGENCY                             Run Date:
                                                MM/DD/CCYY
Process : ELGJD080                     MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   HH:MM:SS
Location: ELGPDC12                       AMAES PART A B ERROR COUNT REPORT                Page:      999,999
                                         REPORT PERIOD: MM/DD/CCYY


  ----------------------------------------------------------------------------------------------------------
   ERROR          FAILURE COUNT     ACTION CODE      *-------------------------------ERROR DESCRIPTION-----------------------*

  ----------------------------------------------------------------------------------------------------------

   9999            999,999              9            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                     ** END OF REPORT **

                                     ** NO DATA THIS RUN **
```

7.15.3   ELG-0014-D – AMAES Part A B Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	The action taken when the error failed.	1	Number (Integer)
Error	Error Code.	4	Number (Integer)
Error Description	A text description of the error set.	75	Character
Failure Count	Number of times the error occurred.	7	Number (Decimal)

7.16   ELG-0020-D – AMAES Part A B Updates Error Report

7.16.1 ELG-0020-D – AMAES Part A B Updates Error Report Narrative

The AMAES Part A B Updates Error report provides a complete listing of the AMAES PART A B errors that occurred during the nightly update process. This report is produced daily.

7.16.2 ELG-0020-D – AMAES Part A B Updates Error Report Layout

```
  Report  : ELG-0020-D                         ALABAMA MEDICAID AGENCY                                  Run Date:
                                                     MM/DD/CCYY
Process : ELGJD018                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:    HH:MM:SS
Location: ELGPD013                           AMAES PART A B UPDATES ERROR REPORT                        Page:     999,999
                                                REPORT PERIOD: MM/DD/CCYY



             TCD        MEDICAID ID    SSN         FIRST NAME    M  LAST NAME           SOURCE   ERROR CODE
                                                                            ERROR DESCRIPTION
     ------------------------------------------------------------------------------------------------------------

             XXXX      XXXXXXXXXXX   XXXXXXXXX   XXXXXXX         X  XXXXXXXX            XXXXX    XXXX
                                                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

             XXXX      XXXXXXXXXXX   XXXXXXXXX   XXXXXXX         X  XXXXXXXX            XXXXX    XXXX
                                                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                     TOTAL ERRORS FOR REPORT:          99,999,999

                                           ** END OF REPORT **

                                         ** NO DATA THIS RUN **
```

7.16.3 ELG-0020-D – AMAES Part A B Updates Error Report Field Descriptions

Field	Description	Length	Data Type
Error Code	Error number for a batch Edit Error.	4	Character
Error Description	Description of the error message.	70	Character
First Name	First name of the recipient.	15	Character
Last Name	Last name of the recipient.	20	Character

Field	Description	Length	Data Type
Medicaid ID	Medicaid identification number of the recipient.	12	Character
M	Middle Initial of the recipient.	1	Character
SSN	Recipient's Social Security Number.	9	Number (Integer)
Source	Identifies the recipient's source code.	5	Character
TCD	External Transaction Code (not used for AMAES data).	4	Character
Total Errors for this Report	Total number of errors reported.	10	Number (Decimal)

7.17 ELG-0021-D -- AMAES PART A B Transaction Count Report

7.17.1 ELG-0021-D -- AMAES Part A B Transaction Count Report Narrative

The AMAES Part A B Transaction Count report lists the total number of AMAES Part A B transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors. This report is produced daily.

7.17.2 ELG-0021-D -- AMAES Part A B Transaction Count Report Layout

```
Report  : ELG-0021-D                       ALABAMA MEDICAID AGENCY                   Run Date: MM/DD/CCYY
Process : ELGJD021                   MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:  HH:MM:SS
Location: ELGPD012                      AMAES PART A B TRANSACTION COUNT REPORT          Page:     999,999
                                           REPORT PERIOD:  MM/DD/CCYY
  -----------------------------------------------------------------------------------------------------------


                                   PRTAB   Part A/B Updates from AMAES file


                     TOTAL TRANSACTIONS RECEIVED:                          99,999,999
                     TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:          99,999,999
                     TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS:   99,999,999
                     TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS: 99,999,999


                                      ** END OF REPORT **
```

7.17.3 ELG-0021-D -- AMAES Part A B Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due To Fatal Errors	Total number of transactions not processed due to fatal errors.	10	Number (Decimal)
Total Transactions Processed With No Errors	Total number of transactions processed with no errors.	10	Number (Decimal)
Total Transactions Processed With Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	10	Number (Decimal)
Total Transactions Received	Total number of transactions received.	10	Number (Decimal)

7.18   ELG-0032-D -- Link Requests Processed Report

7.18.1 ELG-0032-D -- Link Requests Processed Report Narrative

The Link Requests Processed report lists all recipient link requests that were processed successfully. Types of information that the system was not able to determine how to handle are included on the report.

The purpose of this report is to identify recipients who have been linked, as well as types of information that needs to be reviewed to see if a manual linking needs to take place. This report is produced daily.

7.18.2 ELG-0032-D -- Link Requests Processed Report Layout

```
Report  : ELG-0032-D                       ALABAMA MEDICAID AGENCY                             Run Date: MM/DD/CCYY
Process : ELGPD017                   MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   HH:MM:SS
Location: ELGJD017                       LINK REQUESTS PROCESSED REPORT                         Page:        999,999
                                          REPORT PERIOD: MM/DD/CCYY


-----------------------------------------------------------------------------------------------------------------
   LINK RECIP ID    TO RECIP ID    NAME OF 'TO RECIP ID'            *-------------DATA NOT LINKED-------------*
-----------------------------------------------------------------------------------------------------------------

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX
                                                                   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX
                                                                   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX
                                                                   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX
                                                                   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX
                                                                   XXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX    XXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXX

                                         ** END OF REPORT **
                                         ** NO DATA THIS RUN **
```

7.18.3   ELG-0032-D -- Link Requests Processed Report Field Descriptions

Field	Description	Length	Data Type
Data Not Linked	List of the types of information that was not systematically linked due to overlapping rows between the two recipient IDs.	20	Character
Link Recipient ID	ID being linked in with another ID. This ID is no longer an active ID after the link is completed.	12	Character
Name of 'To Recip ID'	Name of the recipient listed in the 'To Recip ID' column. It is in the order of last name (15 char), first name (13 char), and middle initial (1 char).	31	Character
To Recip ID	ID that another ID was linked to. This ID remains an active ID.	12	Character

7.19   ELG-0033-D -- Unlink Requests Processed Report

7.19.1 ELG-0033-D -- Unlink Requests Processed Report Narrative

The Unlink Requests Processed report lists all recipient unlink requests that were processed successfully. Types of information that the system was not able to determine how to handle are included on the report.

The purpose of this report is to identify recipients who have been unlinked, as well as types of information that needs to be reviewed to see if a manual unlinking needs to take place. This report is produced daily.

7.19.2 ELG-0033-D -- Unlink Requests Processed Report Layout

```
Report  : ELG-0033-D                        ALABAMA MEDICAID AGENCY                         Run Date: MM/DD/CCYY
Process : ELGPD017                   MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: ELGJD017                      UNLINK REQUESTS PROCESSED REPORT                    Page:        999,999
                                          REPORT PERIOD: MM/DD/CCYY


------------------------------------------------------------------------------------------------------------------
   UNLINK RECIP ID FROM RECIP ID      NAME OF 'FROM RECIP ID'      *-------------DATA NOT UNLINKED-------------*
------------------------------------------------------------------------------------------------------------------
   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X     XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X
   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X     XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X     XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X     XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX

   XXXXXXXXXXX      XXXXXXXXXXX     XXXXXXXXXXXXXXXXX XXXXXXXXXXX X     XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX


                                         ** END OF REPORT **
                                         ** NO DATA THIS RUN **
```

7.19.3 ELG-0033-D -- Unlink Requests Processed Report Field Descriptions

Field	Description	Length	Data Type
Data Not Unlinked	List of the types of information that was not systematically unlinked due to the system not being able to determine which rows belonged to the ID being unlinked.	20	Character
From Recip ID	Recipient ID that had an ID unlinked from it. This ID remains an active ID.	12	Character
Name of 'From Recip ID'	Recipient name listed in the 'From Recip ID' column. It is in the order of last name (15 char), first name (13 char), and middle initial (1 char).	31	Character
Unlink Recip ID	Deactivated recipient ID that was unlinked from a recipient ID and activated again.	12	Character

7.20 ELG-0036-D – Automatic Unlink Warning Report

7.20.1 ELG-0036-D – Automatic Unlink Warning Report Narrative

This report displays the recipients that were automatically unlinked because a recipient was received from AMAES that was inactive in the AMMIS. If no recipients are automatically unlinked during a daily AMAES update cycle, no report is created.

Frequency: Daily

7.20.2 ELG-0036-D – Fund Code Assignment Criteria Report Layout

```
Report  : ELG-0036-D                    ALABAMA MEDICAID AGENCY                       Run Date: MM/DD/CCYY
Process : ELGJD036              MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:  HH:MM:SS
Location: ELGPD036                   AUTOMATIC UNLINK WARNING REPORT                   Page:        1
                                      REPORT PERIOD: 05/20/2010


   UNLINKED RECIP  NAME OF UNLINKED RECIP           FROM RECIP      NAME OF RECIP                 ORIG LINK DATE

    999999999999    MOUSE, MINNIE, D                888888888888    MOUSE, MICKEY, D              MM/DD/CCYY


                                           *** END OF REPORT ***
```

7.20.3 ELG-0036-D – Automatic Unlink Warning Report Field Descriptions

Field	Description	Length	Data Type
Name of Recip	Name of the recipient listed in the 'RECIP' column. It is in the order of last name (15 char), first name (13 char), and middle initial (1 char).	31	Character
Name of Unlinked Recip	Name of the recipient listed in the 'UNLINKED RECIP' column. It is in the order of last name (15 char), first name (13 char), and middle initial (1 char).	31	Character
Orig Link Date	Date the link was originally processed.	10	Date (MM/DD/CCYY)
Recip	Recipient ID that the unlinked recipient was originally linked to.	12	Character

Field	Description	Length	Data Type
Unlinked Recip	Recipient ID of recipient that was automatically unlinked and is now active.	12	Character

7.21 ELG-0050-D – AMAES Unlinking Transaction Count Report

7.21.1 ELG-0050-D – AMAES Unlinking Transaction Count Report Narrative

The AMAES Unlinking Transaction Count report lists the counts of all the recipient unlinking transactions that were processed in the cycle. This report is produced daily.

7.21.2 ELG-0050-D – AMAES Unlinking Transaction Count Report Layout

```
Report  : ELG-0050-D                        ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD050                     MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: ELGPD012                    AMAES UNLINKING TRANSACTION COUNT REPORT                Page:       999,999
                                          REPORT PERIOD: MM/DD/CCYY


   -----------------------------------------------------------------------------------------------------------------



                                       UNLNK   Unlinking Requests


                      TOTAL TRANSACTIONS RECEIVED:                           999,999,999

                      TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:           999,999,999

                      TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS:    999,999,999

                      TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS:  999,999,999



                                          ** END OF REPORT **
```

7.21.3 ELG-0050-D – AMAES Unlinking Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due to Fatal Errors	Total number of transactions not processed due to fatal errors.	11	Number (Decimal)
Total Transactions Processed with No Errors	Total number of transactions processed with no errors.	11	Number (Decimal)
Total Transactions Processed with Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	11	Number (Decimal)

Field	Description	Length	Data Type
Total Transactions Received	Total number of transactions received.	11	Number (Decimal)

7.22   ELG-0052-D -- Unlinking Error Count Report

7.22.1 ELG-0052-D -- Unlinking Error Count Report Narrative

The Unlinking Error Count report is a summary of the error code failures for the day. The report includes the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error with code source 'UNLNK'.

The purpose of this report is to summarize the errors that occurred during the day. This report is produced daily.

7.22.2 ELG-0052-D -- Unlinking Error Count Report Layout

```
Report  : ELG-0052-D                        ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD052                     MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: ELGPDC12                            UNLINKING ERROR COUNT REPORT                    Page:        999,999
                                           REPORT PERIOD: MM/DD/CCYY


 ----------------------------------------------------------------------------------------------------------------
   ERROR     FAILURE COUNT        ACTION CODE     *-----------------------------ERROR DESCRIPTION------------------------*
 ----------------------------------------------------------------------------------------------------------------

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    XXXX        999,999                9             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          ** END OF REPORT **
                                          ** NO DATA THIS RUN **
```

7.22.3   ELG-0052-D -- Unlinking Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	Action taken when the error failed.	1	Number (Integer)
Error	Error Code.	4	Character
Error Description	Text description of the error message.	75	Character
Failure Count	Number of times the error occurred.	7	Number (Decimal)

7.23   ELG-0055-D -- Unlinking Error Report

7.23.1 ELG-0055-D -- Unlink Error Report Narrative

The Unlinking Error report lists all errors that occurred during the daily update process for AMAES unlink transactions. The report displays the fields in error, as well as the invalid data and a brief message explaining each error.

The purpose of the Eligibility Update Error Report is to provide EDS and the Medicaid Agency with information regarding transactions which error off. This report is produced daily.

7.23.2 ELG-0055-D -- Unlinking Error Report Layout

```
Report  : ELG-0055-D                      ALABAMA MEDICAID AGENCY                             Run Date: MM/DD/CCYY
Process : ELGJD055                  MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:  HH:MM:SS
Location: ELGPD055                          UNLINKING ERROR REPORT                            Page:       999,999
                                             PERIOD: MM/DD/CCYY


              TCD   MEDICAID ID   SSN          FIRST NAME    M  LAST NAME            SOURCE  ERROR CODE
                                                                         ERROR DESCRIPTION
              ----------------------------------------------------------------------------------------------------
              XXXX  XXXXXXXXXXX   XXXXXXXXX    XXXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXX   XXXXX
                                                               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

              XXXX  XXXXXXXXXXX   XXXXXXXXX    XXXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXX  XXXXX   XXXXX
                                                               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                         ** END OF REPORT **
                                   ***   NO DATA THIS REPORT   ***
```

7.23.3 ELG-0055-D -- Unlinking Error Field Report Descriptions

Field	Description	Length	Data Type
Error Code	Error Code.	5	Character
Error Description	Description of the error code.	80	Character
First Name	First name of the recipient.	15	Character

Field	Description	Length	Data Type
Last Name	Last name of the recipient.	20	Character
Medicaid ID	Medicaid identification number of the recipient.	12	Character
M	Middle initial of the recipient.	1	Character
SSN	Social Security Number of the recipient.	9	Number (Integer)
Source	Identifies source code for the data. For Alabama, this is always UNLNK.	5	Character
TCD	External Transaction Code. Not used for Alabama.	4	Character

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7.24   ELG-0060-D – AMAES Linking Transaction Count Report

7.24.1 ELG-0060-D – AMAES Linking Transaction Count Report Narrative

The AMAES Linking Transaction Count report lists the counts of all the recipient linking transactions that were processed in the cycle. This report is produced daily.

7.24.2 ELG-0060-D – AMAES Linking Transaction Count Report Layout

```
Report  : ELG-0060-D                     ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJD060                 MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:  HH:MM:SS
Location: ELGPD012                   AMAES LINKING TRANSACTION COUNT REPORT                Page:      999,999
                                         REPORT PERIOD: MM/DD/CCYY
        ----------------------------------------------------------------------------------------------------


                                     LINK    Linking Requests

                       TOTAL TRANSACTIONS RECEIVED:                       999,999,999
                       TOTAL TRANSACTIONS PROCESSED WITH NO ERRORS:       999,999,999
                       TOTAL TRANSACTIONS PROCESSED WITH NON-FATAL ERRORS: 999,999,999
                       TOTAL TRANSACTIONS NOT PROCESSED DUE TO FATAL ERRORS: 999,999,999



                                     ** END OF REPORT **
```

7.24.3 ELG-0060-D – AMAES Linking Transaction Count Report Field Descriptions

Field	Description	Length	Data Type
Total Transactions Not Processed Due To Fatal Errors	Total number of transactions not processed due to fatal errors.	11	Number (Decimal)
Total Transactions Processed With No Errors	Total number of transactions processed with no errors.	11	Number (Decimal)
Total Transactions Processed With Non-Fatal Errors	Total number of transactions processed with non-fatal errors.	11	Number (Decimal)
Total Transactions Received	Total number of transactions received.	11	Number (Decimal)

7.25   ELG-0062-D -- Linking Error Count Report

7.25.1 ELG-0062-D -- Linking Error Count Report Narrative

The Linking Error Count report is a summary of the error code failures for the day. The report includes the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error for code source 'LINK'.

The purpose of this report is to summarize the errors that occurred during the day. This report is produced daily.

7.25.2 ELG-0062-D -- Linking Error Count Report Layout

```
Report  : ELG-0062-D                        ALABAMA MEDICAID AGENCY                         Run Date: MM/DD/CCYY
Process : ELGJD062                    MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:  HH:MM:SS
Location: ELGPDC12                          LINKING ERROR COUNT REPORT                      Page:       999,999
                                           REPORT PERIOD: MM/DD/CCYY


   ---------------------------------------------------------------------------------------------------------------
       ERROR     FAILURE COUNT     ACTION CODE    *----------------------------ERROR DESCRIPTION------------------------*
   ---------------------------------------------------------------------------------------------------------------

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       XXXX        999,999              9          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                            **END OF REPORT **
                                            **NO DATA THIS RUN **
```

7.25.3   ELG-0062-D -- Linking Error Count Report Field Descriptions

Field	Description	Length	Data Type
Action Code	Action taken when the error failed.	1	Number (Integer)
Error	Error Code.	4	Character
Error Description	Text description of the error message.	75	Character
Failure Count	Number of times the error occurred.	7	Number (Decimal)

7.26 ELG-0065-D -- Linking Error Report

7.26.1 ELG-0065-D -- Linking Error Report Narrative

The Linking Error report lists all errors that occurred during the daily update process for AMAES Link transactions; the fields in error, as well as the invalid data and a brief message explaining each error. This report is produced daily.

7.26.2 ELG-0065-D -- Linking Error Report Layout

```
Report  : ELG-0065-D                    ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : ELGJD065                 MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:  HH:MM:SS
Location: ELGPD065                         LINKING ERROR REPORT                      Page:       999,999
                                     REPORT PERIOD:  MM/DD/CCYY


                   TCD    MEDICAID ID    SSN         FIRST NAME    M  LAST NAME         SOURCE  ERROR CODE
                                                                              ERROR DESCRIPTION
         --------------------------------------------------------------------------------------------------------
                   XXXX   XXXXXXXXXXX   XXXXXXXXX    XXXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXXX  XXXXX   XXXXX
                                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                   XXXX   XXXXXXXXXXX   XXXXXXXXX    XXXXXXXXXXXXXXX  X  XXXXXXXXXXXXXXXXXXXX  XXXXX   XXXXX
                                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                             ** END OF REPORT **
                                       ***   NO DATA THIS REPORT   ***
```

7.26.3 ELG-0065-D -- Linking Error Report Field Descriptions

Field	Description	Length	Data Type
Error Code	Error Code.	5	Character
Error Description	Description of the error code.	80	Character
First Name	First name of the recipient.	15	Character
Last Name	Last name of the recipient.	20	Character
Medicaid ID	Medicaid identification number of the recipient.	12	Character
M	Middle initial of the recipient.	1	Character

Field	Description	Length	Data Type
SSN	Social Security Number of the recipient.	9	Number (Integer)
Source	Identifies the source code for the data. For Alabama, this is always LINK.	5	Character
TCD	External Transaction Code. Not used for Alabama.	4	Character

7.27 ELG-0070-D – Recipient Portal Demographic Updates Daily Report

7.27.1 ELG-0070-D – Recipient Portal Demographic Updates Daily Report Narrative

This report will contain updates submitted by the Recipients via the Recipient Portal. This report will be stored in COLD and worked by RCC.

RCC will apply the updates to the AMAES CICS screens for the data on this report.

ELG-0070-D is indexed by Recipient ID in COLD and is a duplicate copy of the ELG-0071-D report.

7.27.2 ELG-0070-D – Recipient Portal Demographic Updates Daily Report Layout

```
Report  : ELG-0070-D                        ALABAMA MEDICAID AGENCY                    Run Date:
MM/DD/CCYY
Process : ELGJD071                      MEDICAID MANAGEMENT INFORMATION SYSTEM         Run Time:
HH:MM:SS
Location: ELG_RECIP_UPDS                 RECIPIENT PORTAL DEMOGRAPHIC UPDATES DAILY REPORT        Page:
999,999


RECIPIENT ID:  XXXXXXXXXXXX            CERTIFYING AGENCY   X
                              RECIPIENT INFORMATION
                              RECIPIENT FIRST NAME XXXXXXXXXXXXXXXXX
                              RECIPIENT LAST  NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              DATE OF BIRTH MM/DD/CCYY
                              SEX X
                              ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              CITY XXXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                              ZIP CODE XXXXX   ZIP+4 XXXX
                              RESIDENCE COUNTY XX
                              HOME PHONE (999) 999-9999 OTHER PHONE (999) 999-9999

                              RECIPIENT'S SPOUSE INFORMATION
                              DATE OF SPOUSE CHANGE MM/DD/CCYY
                              MARITIAL STATUS X
                              SPOUSE FIRST NAME XXXXXXXXXXXXXXX
                              SPOUSE LAST  NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              SPOUSE DATE OF BIRTH  MM/DD/CCYY
                              ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              CITY XXXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                              ZIP CODE XXXXX   ZIP+4 XXXX
                              SPOUSE PHONE NUMBER (999) 999-9999
                              SPOUSE SSN 999-99-9999

                              RECIPIENT'S SPONSOR INFORMATION
```

```
                            SPONSOR ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            SPONSOR ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            CITY XXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                            ZIP CODE XXXXX   ZIP+4 XXXX
                            SPONSOR PHONE NUMBER (999) 999-9999

                            NAME OF PERSON REPORTING UPDATES
                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            PHONE NUMBER OF PERSON REPORTING UPDATES (999) 999-9999
                            CERTIFIED APPLICATION ASSISTER X
                            NAME OF PERSON ASSISTING
                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            PHONE NUMBER OF PERSON ASSISTING (999) 999-9999

<page break>

Report  : ELG-0070-D                        ALABAMA MEDICAID AGENCY                    Run Date:
MM/DD/CCYY
Process : ELGJD071                   MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:
HH:MM:SS
Location: ELG_RECIP_UPDS             RECIPIENT PORTAL DEMOGRAPHIC UPDATES DAILY REPORT      Page:
999,999

RECIPIENT ID:  999999999999

NUMBER OF RECIPIENTS PROCESSED  99,999,999

                                    ** END OF REPORT **
                                    ** NO DATA THIS RUN **
```

7.27.3 ELG-0070-D – Recipient Portal Demographic Updates Report Field Descriptions

Field	Description	Length	Data Type
ADDRESS 1	First line of the recipient's street address.	30	Character
ADDRESS 2	Second line of the recipient's street address.	30	Character
CERTIFIED APPLICATION ASSISTER	Indicator for Certified Application Assister.	1	Character
CERTIFYING AGENCY	Certifying Agency.	1	Character
CITY	City where the recipient resides.	25	Character
DATE OF BIRTH	Date of birth of the recipient.	8	Date (MM/DD/CCYY)

Field	Description	Length	Data Type
DATE OF SPOUSE CHANGE	Date of marital status change.	8	Date (MM/DD/CCYY)
HOME PHONE	Home phone number of the recipient.	10	Character
MARITIAL STATUS	Indicates the marital status of a recipient.	1	Character
NAME OF PERSON ASSISTING	Name of the person assisting the update.	60	Character
NAME OF PERSON REPORTING UPDATES	Name of person reporting the update.	60	Character
NUMBER OF RECIPIENTS PROCESSED	Total number of recipients requesting updates.	10	Number (Integer)
OTHER PHONE	An additional phone number for contacting the recipient.	10	Character
PHONE NUMBER OF PERSON ASSISTING	Phone number of the person assisting the update.	10	Character
PHONE NUMBER OF PERSON REPORTING UPDATES	Phone number of person reporting the update.	10	Character
RECIPIENT FIRST NAME	First name of a recipient.	15	Character
RECIPIENT ID	Recipient identification number of the recipient.	12	Character
RECIPIENT LAST NAME	Last name of a recipient.	30	Character
RESIDENCE COUNTY	County code of Residence.	2	Character
SEX	Indicates the gender of the recipient.	1	Character
SPONSOR ADDRESS 1	First line of the sponsor's street address.	30	Character
SPONSOR ADDRESS 2	Second line of the sponsor's street address.	30	Character
SPONSOR CITY	City where the sponsor resides.	25	Character
SPONSOR PHONE NUMBER	Phone number of the sponsor.	10	Character

Field	Description	Length	Data Type
SPONSOR STATE	State where the sponsor resides.	2	Character
SPONSOR ZIP CODE	The five character zip code for the sponsor.	5	Character
SPONSOR ZIP+4	The zip plus four of the sponsor.	4	Character
SPOUSE ADDRESS 1	First line of the spouse's street address.	30	Character
SPOUSE ADDRESS 2	Second line of the spouse's street address.	30	Character
SPOUSE CITY	City where the spouse resides.	25	Character
SPOUSE DATE OF BIRTH	Date of birth of the spouse.	8	Date (MM/DD/CCYY)
SPOUSE FIRST NAME	First name of the spouse.	15	Character
SPOUSE LAST NAME	Last name of the spouse.	30	Character
SPOUSE PHONE NUMBER	Phone number of the spouse.	10	Character
SPOUSE SSN	Social security number of the spouse.	9	Character
SPOUSE STATE	State where the spouse resides.	2	Character
SPOUSE ZIP CODE	The five character zip code of the spouse.	5	Character
SPOUSE ZIP+4	The zip plus four of the spouse.	4	Character
STATE	State where the recipient resides.	2	Character
ZIP CODE	The five character zip code for the recipienrecipient.t	5	Character
ZIP+4	The zip plus four of the recipient.	4	Character

7.28 ELG-0071-D – Recipient Portal Demographic Updates Daily Report

7.28.1 ELG-0071-D – Recipient Portal Demographic Updates Daily Report Narrative

This report will contain updates submitted by the Recipients via the Recipient Portal. This report will be stored in COLD and worked by RCC.

RCC will apply the updates to the AMAES CICS screens for the data on this report.

7.28.2 ELG-0071-D – Recipient Portal Demographic Updates Daily Report Layout

```
Report  : ELG-0071-D                    ALABAMA MEDICAID AGENCY                   Run Date: MM/DD/CCYY
Process : ELGJD071               MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   HH:MM:SS
Location: ELG_RECIP_UPDS         RECIPIENT PORTAL DEMOGRAPHIC UPDATES DAILY REPORT Page:      999,999


RECIPIENT ID:  XXXXXXXXXXXX           CERTIFYING AGENCY   X
                              RECIPIENT INFORMATION
                              RECIPIENT FIRST  NAME XXXXXXXXXXXXXXX
                              RECIPIENT MIDDLE NAME XXXXXXXXXXXXXXX
                              RECIPIENT LAST   NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              RECIPIENT SUFFIX NAME XXXX

                              DATE OF BIRTH MM/DD/CCYY
                              SEX X
                              ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              CITY XXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                              ZIP CODE XXXXX   ZIP+4 XXXX
                              RESIDENCE COUNTY XX
                              HOME PHONE (999) 999-9999 OTHER PHONE (999) 999-9999

                              RECIPIENT'S SPOUSE INFORMATION
                              DATE OF SPOUSE CHANGE MM/DD/CCYY
                              MARITIAL STATUS X
                              SPOUSE FIRST  NAME XXXXXXXXXXXXXXX
                              SPOUSE MIDDLE NAME XXXXXXXXXXXXXXX
                              SPOUSE LAST   NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              SPOUSE SUFFIX NAME XXXX
                              SPOUSE DATE OF BIRTH  MM/DD/CCYY
                              ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              CITY XXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                              ZIP CODE XXXXX   ZIP+4 XXXX
                              SPOUSE PHONE NUMBER (999) 999-9999
                              SPOUSE SSN 999-99-9999
                              RECIPIENT'S SPONSOR INFORMATION
                              SPONSOR ADDRESS 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

```
                         SPONSOR ADDRESS 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         CITY XXXXXXXXXXXXXXXXXXXXXXXXXX    STATE XX
                         ZIP CODE XXXXX    ZIP+4 XXXX
                         SPONSOR PHONE NUMBER (999) 999-9999

                         NAME OF PERSON REPORTING UPDATES
                         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         PHONE NUMBER OF PERSON REPORTING UPDATES (999) 999-9999
                         CERTIFIED APPLICATION ASSISTER X
                         NAME OF PERSON ASSISTING
                         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         PHONE NUMBER OF PERSON ASSISTING (999) 999-9999

<page break>

Report  : ELG-0071-D                    ALABAMA MEDICAID AGENCY                       Run Date: MM/DD/CCYY
Process : ELGJD071                  MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: ELG_RECIP_UPDS          RECIPIENT PORTAL DEMOGRAPHIC UPDATES DAILY REPORT   Page:        999,999


RECIPIENT ID:  999999999999

NUMBER OF RECIPIENTS PROCESSED  99,999,999

                                      ** END OF REPORT **
                                      ** NO DATA THIS RUN **
```

7.28.3 ELG-0071-D – Recipient Portal Demographic Updates Report Field Descriptions

Field	Description	Length	Data Type
ADDRESS 1	First line of the recipient's street address.	30	Character
ADDRESS 2	Second line of the recipient's street address.	30	Character
CERTIFIED APPLICATION ASSISTER	Indicator for Certified Application Assister.	1	Character
CERTIFYING AGENCY	Certifying Agency.	1	Character
CITY	City where the recipient resides.	25	Character
DATE OF BIRTH	Date of birth of the recipient.	8	Date (MM/DD/CCYY)
DATE OF SPOUSE CHANGE	Date of marital status change.	8	Date (MM/DD/CCYY)
HOME PHONE	Home phone number of the recipient.	10	Character
MARITIAL STATUS	Indicates the marital status of a recipient.	1	Character
NAME OF PERSON ASSISTING	Name of the person assisting the update.	60	Character
NAME OF PERSON REPORTING UPDATES	Name of person reporting the update.	60	Character
NUMBER OF RECIPIENTS PROCESSED	Total number of recipients requesting updates.	10	Number (Integer)
OTHER PHONE	An additional phone number for contacting the recipient.	10	Character
PHONE NUMBER OF PERSON ASSISTING	Phone number of the person assisting the update.	10	Character

Field	Description	Length	Data Type
PHONE NUMBER OF PERSON REPORTING UPDATES	Phone number of person reporting the update.	10	Character
RECIPIENT ID	Recipient identification number of the recipient.	12	Character
RECIPIENT FIRST NAME	First name of a recipient.	15	Character
RECIPIENT MIDDLE NAME	Middle name of a recipient.	15	Character
RECIPIENT LAST NAME	Last name of a recipient.	30	Character
RECIPIENT SUFFIX NAME	Suffix name of a recipient.	4	Character
RESIDENCE COUNTY	County code of Residence.	2	Character
SEX	Indicates the gender of the recipient.	1	Character
SPONSOR ADDRESS 1	First line of the sponsor's street address.	30	Character
SPONSOR ADDRESS 2	Second line of the sponsor's street address.	30	Character
SPONSOR CITY	City where the sponsor resides.	25	Character
SPONSOR PHONE NUMBER	Phone number of the sponsor.	10	Character
SPONSOR STATE	State where the sponsor resides.	2	Character
SPONSOR ZIP CODE	The five character zip code for the sponsor.	5	Character
SPONSOR ZIP+4	The zip plus four of the sponsor.	4	Character
SPOUSE ADDRESS 1	First line of the spouse's street address.	30	Character
SPOUSE ADDRESS 2	Second line of the spouse's street address.	30	Character
SPOUSE CITY	City where the spouse resides.	25	Character
SPOUSE DATE OF BIRTH	Date of birth of the spouse.	8	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
SPOUSE FIRST NAME	First name of the spouse.	15	Character
SPOUSE MIDDLE NAME	Middle name of the spouse.	15	Character
SPOUSE LAST NAME	Last name of the spouse.	30	Character
SPOUSE SUFFIX NAME	Suffix name of the spouse.	4	Character
SPOUSE PHONE NUMBER	Phone number of the spouse.	10	Character
SPOUSE SSN	Social security number of the spouse.	9	Character
SPOUSE STATE	State where the spouse resides.	2	Character
SPOUSE ZIP CODE	The five character zip code of the spouse.	5	Character
SPOUSE ZIP+4	The zip plus four of the spouse.	4	Character
STATE	State where the recipient resides.	2	Character
ZIP CODE	The five character zip code for the recipient.	5	Character
ZIP+4	The zip plus four of the recipient.	4	Character

7.29 ELG-0072-D – Plastic Card ID Updates Report

7.29.1 ELG-0072-D – Plastic Card ID Update Report Narrative

This report will show all plastic ID cards requested by Recipients via the Recipient Portal. This report will be stored in COLD and worked by RCC. RCC will apply the requests to the AMAES CICS screens. The report is sorted by the Certifying Agency column.

7.29.2 ELG-0072-D – Plastic Card ID Updates Report Layout

```
Report  : ELG-0072-D                          ALABAMA MEDICAID AGENCY                        Run Date: MM/DD/CCYY
Process : ELGJD072                      MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MM:SS
Location: ELG_CARDRQST                          PLASTIC CARD ID UPDATES                      Page:        999,999
                                            REPORT PERIOD: MM/DD/CCYY


--------------------------------------------------------------------------------------------------------------------
   RECIPIENT ID      REASON FOR REQUEST  CERTIFYING AGENCY  DATE REQUESTED    TIME REQUESTED
--------------------------------------------------------------------------------------------------------------------


   XXXXXXXXXXXX      X                   X                    MM/DD/CCYY        HHMMSSTT
   XXXXXXXXXXXX      X                   X                    MM/DD/CCYY        HHMMSSTT
   XXXXXXXXXXXX      X                   X                    MM/DD/CCYY        HHMMSSTT
   XXXXXXXXXXXX      X                   X                    MM/DD/CCYY        HHMMSSTT




TOTAL CARD UPDATES          999,999,999



                                         *** END OF REPORT ***
                                         *** NO DATA THIS RUN ***
```

7.29.3 ELG-0072-D -- Plastic Card ID Updates Report Field Descriptions

Field	Description	Length	Data Type
CERTIFYING AGENCY	Certifying Agency	1	Character
DATE REQUESTED	Date plastic card ID update requested.	8	Date (MM/DD/CCYY)
REASON FOR REQUEST	Reason for the request.	1	Character
RECIPIENT ID	Recipient identification number of the recipient.	12	Character
TIME REQUESTED	Time update requested. In HHMMSSMM format.	8	Character

Field	Description	Length	Data Type
TOTAL CARD UPDATES	Total number of card updates	11	Number (Integer)

7.30   ELG-0134-M—Monthly Date of Death Returned to Zero Report

7.30.1 ELG-0134-M—Monthly Date of Death Returned to Zero Report Narrative

The ELG-0134-M is a report of death dates that were changed from a 'real' date to zero throughout the month. The report contains the recipient's ID, last name, first name, ssn, and previous date of death. The report is sorted by recipient ID.

This report is a summary of all deaths that were changed from a 'real' date to zero during the month. The information is sorted by recipient ID.

7.30.2 ELG-0134-M—Monthly Date of Death Returned to Zero Report Layout

```
Report  : ELG-0134-M                     ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : ELGJM025                 MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time: HH:MI:SS
Location: ELGPM025                    DATE OF DEATH RETURNED TO ZERO REPORT                Page:      999,999
                                  REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY


------------------------------------------------------------------------------------------------------------
                    RECIPIENT ID      LAST NAME          FIRST NAME     SSN        PREVIOUS DATE OF DEATH
------------------------------------------------------------------------------------------------------------

                    XXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX 999999999      MM/DD/CCYY
                    XXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX 999999999      MM/DD/CCYY
                    XXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX 999999999      MM/DD/CCYY
                    XXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX 999999999      MM/DD/CCYY
                    XXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX 999999999      MM/DD/CCYY



                 TOTAL NUMBER OF DATES OF DEATHS CHANGED THIS PERIOD:         999,999


                                      ** END OF REPORT **
```

7.30.3 ELG-0134-M—Monthly Date of Death Returned to Zero Report Field Descriptions

Field	Description	Data Type	Length
(Heading Date Range - from)	This is the beginning date in the date range used to determine which date of deaths to report. The ones received during the date range are reported.	Date (MM/DD/CCYY)	10
(Heading Date Range - to)	This is the ending date in the date range used to determine which date of deaths to report. The ones received during the date range are reported.	Date (MM/DD/CCYY)	10
First Name	First name of the Recipient.	Character	15

Field	Description	Data Type	Length
Last Name	Last Name of the Recipient.	Character	20
Previous Date of Death	The recipient's previous date of death prior to changing to zero.	Date (MM/DD/CCYY)	10
Recipient ID	Medicaid ID of the client that died.	Character	12
SSN	SSN of Recipient.	Number (Integer)	9
Total Number of Recips	Total Number of Recipients whose date of death was changed from a 'real' date to zero during the month.	Number (Integer)	7

7.31   ELG-0135-M -- Lockin Eligibility Status Report

7.31.1 ELG-0135-M -- Lockin Eligibility Status Report Narrative

The Lockin Eligibility Status report is used to identify all recipients who have had a change of AMAES eligibility status during the month.

The purpose of the Eligibility Status Report is to provide EDS and the Alabama Medicaid Agency with information regarding changed AMAES status of lockin recipients once a month. This report is produced monthly.

7.31.2 ELG-0135-M -- Lockin Eligibility Status Report Layout

```
Report  : ELG-0135D                        ALABAMA MEDICAID AGENCY                           Run Date: MM/DD/CCYY
Process : ELGJM135                     MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:  HH:MM:SS
Location: ELGPM135               LOCK-IN RECIPIENTS WHOSE ELIGIBILITY STATUS HAS CHANGED      Page:      999,999
                                             REPORT PERIOD: MM/CCYY


      RECIPIENT ID    ****** RECIPIENT NAME ******  STATUS   ******  PHYSICIAN  ******        ******  PHARMACY  ******
      BASE ID      FIRST        M LAST              CURR PREV PROV #      PROVIDER  NAME      PROV #      PROVIDER  NAME
**********************************************************************************************************************

   XXXXXXXXXXX    XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 9   9   XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXX    XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX 9   9   XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX

                                         ** END OF REPORT **
                                         ** NO DATA THIS RUN ***
```

7.31.3 ELG-0135-M -- Lockin Eligibility Status Report Field Descriptions

Field	Description	Length	Data Type
Pharmacy Prov #	Recipient's current pharmacy number. Up to two active pharmacy providers can be listed.	9	Character
Pharmacy Provider Name	Recipient's current pharmacy, that matches the pharmacy provider number entered.	25	Character
Physician Prov #	Current physician's provider number.	9	Character
Physician Provider Name	Physician's name that matches the physician listed.	25	Character
Recipient Name First	First name of the recipient.	15	Character

Field	Description	Length	Data Type
Recipient ID/ Base ID	Recipient's original Base identification number.	12	Character
Recipient Name Last	Last name of the recipient.	20	Character
Recipient Name M	Middle initial of the recipient.	1	Character
Status Current	Current AMAES status of the recipient.	1	Number (Integer)
Status Previous	Previous AMAES status of the recipient, before the change.	1	Number (Integer)

7.32   ELG-0151-M -- EDB Processing Report

7.32.1 ELG-0151-M -- EDB Processing Report Narrative

The EDB Processing report is a monthly report that lists the status of EDB processing that was completed.

7.32.2 ELG-0151-M -- EDB Processing Report Layout

```
Report  : ELG-0151-M                            ALABAMA MEDICAID AGENCY                            Run Date: MM/DD/CCYY
Process : ELGJM150                      MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: ELGPM151                               EDB PROCESSING REPORT                             Page:      999,999
                                               REPORT PERIOD: MM/CCYY


                                                                     ----- ADDS -----
                                        ----------- PART A ------------  ----------- PART B ------------
                     RECIPIENT       PAYOR OPT BEG DATE   END DATE      PAYOR OPT BEG DATE   END DATE     HIC ID
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX

                                                                   ----- BYPASSED -----
                                        ----------- PART A ------------  ----------- PART B ------------
                     RECIPIENT       PAYOR OPT BEG DATE   END DATE      PAYOR OPT BEG DATE   END DATE     HIC ID
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX

                                                                    ----- DENIED -----
                                        ----------- PART A ------------  ----------- PART B ------------
                     RECIPIENT       PAYOR OPT BEG DATE END DATE        PAYOR OPT BEG DATE   END DATE     HIC ID
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX

                                                                   ----- SHUTDOWN -----
                                        ----------- PART A ------------  ----------- PART B ------------
                     RECIPIENT       PAYOR OPT BEG DATE   END DATE      PAYOR OPT BEG DATE END DATE       HIC ID
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX

                                                                    ----- UPDATES -----
                                        ----------- PART A ------------  ----------- PART B ------------
                     RECIPIENT       PAYOR OPT BEG DATE   END DATE      PAYOR OPT BEG DATE   END DATE     HIC ID
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
                     999999999999    XXX    X  MM/DD/CCYY MM/DD/CCYY     XXX    X  MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX
```

```
                                    ----- ERRORS -----

                        ---------- PART A -----------  ---------- PART B -----------

   RECIPIENT       PAYOR OPT BEG DATE    END DATE    PAYOR OPT BEG DATE   END DATE    HIC ID         COMMENT

   999999999999    XXX   X   MM/DD/CCYY MM/DD/CCYY    XXX   X   MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   999999999999    XXX   X   MM/DD/CCYY MM/DD/CCYY    XXX   X   MM/DD/CCYY MM/DD/CCYY   XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



                                           SUMMARY

                        TOTAL RECORDS PROCESSED:   999,999,999

                        TOTAL ADDS:                 99,999,999

                        TOTAL BYPASSED:             99,999,999

                        TOTAL DENIED:               99,999,999

                        TOTAL SHUTDOWN:             99,999,999

                        TOTAL UPDATES:              99,999,999

                        TOTAL ERRORS:               99,999,999



                        ***    END OF REPORT    ***

                        ***    NO DATA THIS RUN    ***
```

7.32.3 ELG-0151-M -- EDB Processing Report Field Descriptions

Field	Description	Length	Data Type
Beg Date	Begin date for EDB.	10	Date (MM/DD/CCYY)
End Date	End date for EDB.	10	Date (MM/DD/CCYY)
HIC ID	HIC Number provided by CMS on the EDB file.	12	Number (Integer)
OPT	EDB Status Code.	1	Character
Payor	Premium Payor Code on the EDB File.	3	Character
Recipient	Recipient's original Medicaid Base identification number.	12	Number (Integer)

Field	Description	Length	Data Type
Total Adds	Total Number of EDB Records which caused Part A or B data to be added.	10	Number (Decimal)
Total Bypassed	Total Number of EDB Records with a status of Bypassed. (These are records for which there was no Part A or B data on the EDB file.)	10	Number (Integer)
Total Denied	Total Number of EDB records with a status of denied. (Note: We do not generate denials from the EDB file.)	10	Number (Integer)
Total Errors	Total Number of EDB records with a status of Error. (Note: Part A and B EDB updates do not generate errors.)	10	Number (Integer)
Total Records Processed	Total number of EDB Records Processed.	11	Number (Decimal)
Total Shutdown	Number of EDB Records with an incoming EDB Status of Shutdown. (Note: Alabama does not calculate shutdowns. These would be reflected as updates.)	10	Number (Integer)
Total Updates	Total Number of EDB Records which caused an update to Part A or B information.	10	Number (Integer)

7.33 ELG-0612-M – CMS Eligibility Error Report

7.33.1 ELG-0612-M – CMS Eligibility Error Report Narrative

The CMS Eligibility Error Report lists the Recipients returned on the CMS Eligibility Response File with reportable BO Errors. Reportable errors are listed on the tables, T_REF_CDE_VALUE_TYPE and T_REF_CDE_VALUE_GROUP. The purpose of this report is to assist in research of crossover claims errors. This report is produced monthly after the CMS Eligibility Response File has been received from CMS.

7.33.2 ELG-0612-M – CMS Eligibility Error Report Layout

```
Report  : ELG-0612-M                          ALABAMA MEDICAID AGENCY                               Run Date: MM/DD/CCYY
Process : ELGJM612                     MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:  HH:MM:SS
Location: ELG_CMS_ERF                       CMS ELIGIBILITY ERROR REPORT                             Page:       999,999


-----------------------------------------------------------------------------------------------------------------------
 BENEFICIARY    BENEFICIARY    BENEFICIARY                  BENEFICIARY    SUPP ELIG   SUPP ELIG   BO1  BO2  BO3  BO4  FILE UPDATE
 HIC #          MEDICAID ID    SURNAME                      FIRST          FROM DATE   TO DATE                          INDICATOR
-----------------------------------------------------------------------------------------------------------------------

                                                    Date Processed:  MM/DD/CCYY

  Reportable Errors and Descriptions:
     XXXX  -   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  XXXXXXXXXXX  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXXXX   XXXXXXXX    XXXXXXXX    XXXX XXXX XXXX XXXX X
  XXXXXXXXXXX  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXXXX   XXXXXXXX    XXXXXXXX    XXXX XXXX XXXX XXXX X
  XXXXXXXXXXX  XXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXXXX   XXXXXXXX    XXXXXXXX    XXXX XXXX XXXX XXXX X

  Total Rows Reported:                  999999999
  Total Unique Recipients Reported:     999999999
  Totals Per Error Reported:
     XXXX  -   999999999


                                                  *** END OF REPORT ***
                                                  *** NO DATA THIS RUN ***
```

7.33.3 ELG-0612-M – CMS Eligibility Error Report Field Descriptions

Field	Description	Length	Data Type
Beneficiary HIC #	Recipient Medicare ID Number	12	Character
Beneficiary Medicaid ID	Recipient Medicaid ID Number	12	Character

Field	Description	Length	Data Type
Beneficiary Surname	Recipient Last Name	24	Character
Beneficiary First	Recipient First Name	12	Character
Supp Elig From Date	Medicare Supplemental From Date	8	Character
Supp Elig To Date	Medicare Supplemental To Date	8	Character
BO1	BO Error 1	4	Character
BO2	BO Error 2	4	Character
BO3	BO Error 3	4	Character
BO4	BO Error 4	4	Character
File Update Indicator	Type of Update Values: A – Add, C – Change/Update, D - Delete	1	Character

7.34 ELG-1095-M -- IRS 1095-B Form Report

7.34.1 ELG-1095-M -- IRS 1095-B Form Report Narrative

A viewable version of the 1095-B form will be stored in Feith, indexed by Recipient ID, Tax Year, and Run Date, for recipients covered by Medicaid. This will assist the RCC on any inquiries they may receive. *Note: Part II of the form will be empty because the 1095 forms created for these recipients are not employed by Medicaid.

7.34.2 ELG-1095-M -- IRS 1095-B Form Report Layout

7.34.3 ELG-1095-M -- IRS 1095-B Form Report Field Descriptions

Field	Description	Length	Data Type
Box 1: Name Of Responsible Individual	Name of the responsible individual for whom the form is created for.	50	Character
Box 16: Name	Name of the issuer or other coverage provider.	23	Character
Box 17: Employer Identification Number	IRS assigned identification number.	9	Number (Integer)
Box 18: Contact Telephone Number	Telephone number of the coverage provider.	14	Character
Box 19: Street Address	Address of the coverage provider.	13	Character
Box 2: Social Security Number	Social Security Number of the responsible individual for whom the form is created for. Only the last four digits will be displayed as the format will be ***-**-9999.	11	Character
Box 20: City or Town	City of the coverage provider.	10	Character
Box 21: State or Province	State of the coverage provider.	2	Character
Box 22: Country and Zip or Foreign Postal Code	Zip code of the coverage provider.	10	Character
Box 3: Date of Birth	Date of birth of the responsible individual for whom the form is created for.	10	Date (MM/DD/CCYY)
Box 4: Street Address	Address of the responsible individual for whom the form is created for.	30	Character
Box 5: City or Town	City of the responsible individual for whom the form is created for.	30	Character

Field	Description	Length	Data Type
Box 6: State or Province	State of the responsible individual for whom the form is created for.	2	Character
Box 7: Country and Zip or Foreign Postal Code	Zip code of the responsible individual for whom the form is created for.	10	Character
Box 8: Origin Of The Policy	This is the code for the type of coverage in which the individual or other covered individuals were enrolled. Valid values are: A. Small Business Health Options Program (SHOP) B. Employer-sponsored coverage C. Government-sponsored program D. Individual market insurance E. Multiemployer plan F. Other designated minimum essential coverage	1	Character
Box A (PART IV): Name Of Covered Individual(s)	Name of the covered individual.	24	Character
Box B (PART IV): SSN	Social Security Number of the covered individual. Only the last four digits will be displayed as the format will be ***-**-9999.	11	Character
Box C (PART IV): DOB	Date of birth of the covered individual.	10	Date (MM/DD/CCYY)
Box D (PART IV): Covered All 12 Months	Indicator if the individual was covered for at least one day in every month of the year.	1	Character

Field	Description	Length	Data Type
BOX E: Months of coverage (PART IV - Apr)	Indicator if the individual was covered for at least one day in the month of April.	1	Character
BOX E: Months of coverage (PART IV - Aug)	Indicator if the individual was covered for at least one day in the month of August.	1	Character
BOX E: Months of coverage (PART IV - Dec)	Indicator if the individual was covered for at least one day in the month of December.	1	Character
BOX E: Months of coverage (PART IV - Feb)	Indicator if the individual was covered for at least one day in the month of February.	1	Character
BOX E: Months of coverage (PART IV - Jan)	Indicator if the individual was covered for at least one day in the month of January.	1	Character
BOX E: Months of coverage (PART IV - Jul)	Indicator if the individual was covered for at least one day in the month of July.	1	Character
BOX E: Months of coverage (PART IV - Jun)	Indicator if the individual was covered for at least one day in the month of June.	1	Character
BOX E: Months of coverage (PART IV - Mar)	Indicator if the individual was covered for at least one day in the month of March.	1	Character
BOX E: Months of coverage (PART IV - May)	Indicator if the individual was covered for at least one day in the month of May.	1	Character
BOX E: Months of coverage (PART IV - Nov)	Indicator if the individual was covered for at least one day in the month of November.	1	Character

Field	Description	Length	Data Type
BOX E: Months of coverage (PART IV - Oct)	Indicator if the individual was covered for at least one day in the month of October.	1	Character
BOX E: Months of coverage (PART IV - Sep)	Indicator if the individual was covered for at least one day in the month of September.	1	Character

7.35 ELG-1095-M-16-- IRS 1095-B Form Report

7.35.1 ELG-1095-M-16-- IRS 1095-B Form Report Narrative

A viewable version of the 2016 1095-B form will be stored in Feith, indexed by Recipient ID, Tax Year, and Run Date, for recipients covered by Medicaid. This will assist the RCC on any inquiries they may receive. *Note: Part II of the form will be empty because the 1095 forms created for these recipients are not employed by Medicaid.

7.35.2 ELG-1095-M-16-- IRS 1095-B Form Report Layout

560116

Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

☒ Do not attach to your tax return. Keep for your records
☒ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

☐ VOID

☐ CORRECTED

OMB No. 1545-2252

20 16

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN or other TIN)	3 Date of birth (If SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code

9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ☒

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name		11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form **1095-B** (2016)

7.35.3

7.35.3 ELG-1095-M-16-- IRS 1095-B Form Report Field Descriptions

Field	Description	Length	Data Type
Box 1: Name Of Responsible Individual	Name of the responsible individual for whom the form is created for.	50	Character
Box 16: Name	Name of the issuer or other coverage provider.	23	Character
Box 17: Employer Identification Number	IRS assigned identification number.	9	Number (Integer)
Box 18: Contact Telephone Number	Telephone number of the coverage provider.	14	Character
Box 19: Street Address	Address of the coverage provider.	13	Character
Box 2: Social Security Number	Social Security Number of the responsible individual for whom the form is created for. Only the last four digits will be displayed as the format will be ***-**-9999.	11	Character
Box 20: City or Town	City of the coverage provider.	10	Character
Box 21: State or Province	State of the coverage provider.	2	Character
Box 22: Country and Zip or Foreign Postal Code	Zip code of the coverage provider.	10	Character
Box 3: Date of Birth	Date of birth of the responsible individual for whom the form is created for.	10	Date (MM/DD/CCYY)
Box 4: Street Address	Address of the responsible individual for whom the form is created for.	30	Character
Box 5: City or Town	City of the responsible individual for whom the form is created for.	18	Character
Box 6: State or Province	State of the responsible individual for whom the form is created for.	2	Character
Box 7: Country and Zip or Foreign Postal Code	Zip code of the responsible individual for whom the form is created for.	10	Character
Box 8: Origin Of The Health Coverage	This is the code for the type of coverage in which the individual or other covered individuals were enrolled. Valid values are:	1	Character

Field	Description	Length	Data Type
	A. Small Business Health Options Program (SHOP) B. Employer-sponsored coverage C. Government-sponsored program D. Individual market insurance E. Multiemployer plan F. Other designated minimum essential coverage		
Box A (PART IV): Name Of Covered Individual(s)	Name of the covered individual.	23	Character
Box B (PART IV): SSN	Social Security Number of the covered individual. Only the last four digits will be displayed as the format will be ***-**-9999.	11	Character
Box C (PART IV): DOB	Date of birth of the covered individual.	10	Date (MM/DD/CCYY)
Box D (PART IV): Covered All 12 Months	Indicator if the individual was covered for at least one day in every month of the year.	1	Character
BOX E: Months of coverage (PART IV - Apr)	Indicator if the individual was covered for at least one day in the month of April.	1	Character
BOX E: Months of coverage (PART IV - Aug)	Indicator if the individual was covered for at least one day in the month of August.	1	Character
BOX E: Months of coverage (PART IV - Dec)	Indicator if the individual was covered for at least one day in the month of December.	1	Character
BOX E: Months of coverage (PART IV - Feb)	Indicator if the individual was covered for at least one day in the month of February.	1	Character
BOX E: Months of coverage (PART IV - Jan)	Indicator if the individual was covered for at least one day in the month of January.	1	Character
BOX E: Months of coverage (PART IV - Jul)	Indicator if the individual was covered for at least one day in the month of July.	1	Character
BOX E: Months of coverage (PART IV - Jun)	Indicator if the individual was covered for at least one day in the month of June.	1	Character

Field	Description	Length	Data Type
BOX E: Months of coverage (PART IV - Mar)	Indicator if the individual was covered for at least one day in the month of March.	1	Character
BOX E: Months of coverage (PART IV - May)	Indicator if the individual was covered for at least one day in the month of May.	1	Character
BOX E: Months of coverage (PART IV - Nov)	Indicator if the individual was covered for at least one day in the month of November.	1	Character
BOX E: Months of coverage (PART IV - Oct)	Indicator if the individual was covered for at least one day in the month of October.	1	Character
BOX E: Months of coverage (PART IV - Sep)	Indicator if the individual was covered for at least one day in the month of September.	1	Character

DXC Technologies
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7.36 LTC-0007-M – LTC AND WAIVER MONTHLY ACTIVITY Report

7.36.1 LTC-0007-M – LTC AND WAIVER MONTHLY ACTIVITY Report Narrative

Users access LTC and Waiver Monthly Activity Report (LTC-0007-M) to identify recipients who have had any admission notification other than a discharge accepted and written to the LOC database. The frequency for this report is monthly.

This report's program will purge records from the T_RE_LTC_REQUEST table that were added prior to the begin run date of the monthly report. For example, if the reporting date is from 12/01/2008 to 12/31/2008, all records that were added prior to 12/01/2008 will be purged from the table prior to the generation of the December 2008 report.
Report is sorted in such a manner where provider belonging to the same specialty are grouped together and they are are further sorted grouping provider belonging to the same entity displaying NPI id's first followed by the MCD id of the same NPI. Waivers are sorted first.

7.36.2 LTC-0007-M – LTC AND WAIVER MONTHLY ACTIVITY Report Layout

```
REPORT  : LTC-0007-M                ALABAMA MEDICAID AGENCY              RUN DATE  : MM/DD/CCYY
PROCESS : LTCJM007              MEDICAID MANAGEMENT INFORMATION SYSTEMS   RUN TIME  :  HH:MM:SS
LOCATION: LTCPM007               LTC AND WAIVER MONTHLY ACTIVITY REPORT   PAGE      :    99999


PROVIDER SUBMITTING APPLICATION:       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER NUMBER OF SUBMITTING PROVIDER: XXXXXXXXX
START DATE:  MM/DD/CCYY            END DATE:  MM/DD/CCYY                        XXXXXXXXXXXXXXXXXXXXXX
RECIPIENT NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXXXXXXXXX
RECIPIENT NUMBER:  XXXXXXXXXXXX                            SSN:  XXX-XX-XXXX   MCARE:  XXX



                      **  END OF REPORT  **
                * * N O   D A T A   T H I S   R E P O R T * *
```

7.36.3 LTC-0007-M – LTC AND WAIVER MONTHLY ACTIVITY Report Field Descriptions

Field	Description	Length	Data Type
ADMISSION TYPE	Admission type - Note the field name is not displayed on the report since the information is self-evident.	Character	22
END DATE	End date of services added to the LTC or Waiver file.	Date (MM/DD/CCYY)	8

Field	Description	Length	Data Type
MCARE	Indicates if recipient had any Medicare A or B coverage at time of admission.	Character	3
PROVIDER NUMBER OF SUBMITTING PROVIDER	Medicaid provider number.	Character	10
PROVIDER SUBMITTING APPLICATION	Provider name submitted on application	Character	50
RECIPIENT NAME	Last and first name of Medicaid recipient.	Character	50
RECIPIENT NUMBER	Recipient's Medicaid number.	Character	12
SSN	Recipient's Social Security number.	Character	9
START DATE	Start date of services added to the LTC or Waiver file.	Date (MM/DD/CCYY)	8

7.37 LTC-0008-M – LTC TRADING PARTNER ERROR ACTIVITY REPORT

7.37.1 LTC-0008-M – LTC AND TRADING PARTNER ERROR ACTIVITY REPORT Narrative

This program creates the LTC Daily Submitter Error Activity Report.

7.37.2 LTC-0008-M – LTC TRADING PARTNER ERROR ACTIVITY REPORT Layout

```
REPORT  : LTC-0008-M                    ALABAMA MEDICAID AGENCY              RUN DATE  : MM/DD/CCYY
PROCESS : LTCJM008                  MEDICAID MANAGEMENT INFORMATION SYSTEMS  RUN TIME  :  HH:MM:SS
LOCATION: LTCPM008                   LTC TRADING PARTNER ERROR ACTIVITY REPORT  PAGE      :    99999
                                                DATE: MM/DD/CCYY


TRADING PARTNER IDENTIFICATION:           XXXXXXXXX
PROVIDER SUBMITTING APPLICATION:          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER NUMBER OF SUBMITTING PROVIDER:   XXXXXXXXXX
RECIPIENT NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXX
RECIPIENT NUMBER:  XXXXXXXXXXXX                              SSN: XXX-XX-XXXX



                         **  END OF REPORT  **
                  * * N O   D A T A   T H I S    R E P O R T * *
```

7.37.3 LTC-0008-M – LTC TRADING PARTNER ERROR ACTIVITY REPORT Field Descriptions

Field	Description	Length	Data Type
LTC ADMISSION TYPE DESCRIPTION	The description for the type of LTC ADMISSION.	Character	22
PROVIDER SUBMITTING APPLICATION	Provider name submitted on application.	Character	50
PROVIDER NUMBER OF SUBMITTING PROVIDER	PROVIDER NUMBER OF SUBMITTING PROVIDER - Medicaid provider number.	Character	15
SSN	Recipient's Social Security number.	Character	9
RECIPIENT NAME	Last and first name of Medicaid recipient.	Character	50
RECIPIENT NUMBER	Recipient's Medicaid number.	Character	12

Field	Description	Length	Data Type
TRADING PARTNER IDENTIFICATION	Trading partner id that is entered into the LTC admission notification via LTC software.	Character	9

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7.38 LTC-0011-M – LTC PACE PROGRAM MONTHLY DISCHARGE ACTIVITY REPORT

7.38.1 LTC-0011-M – LTC AN PACE PROGRAM MONTHLY DISCHARGE ACTIVITY REPORT Narrative

This report will generate report of all recipients discharge from PACE program and moved to Nursing home

7.38.2 LTC-0011-M – LTC PACE PROGRAM MONTHLY DISCHARGE ACTIVITY Report Layout

```
REPORT  : LTC-0011-M              ALABAMA MEDICAID AGENCY           RUN DATE  : MM/DD/CCYY
PROCESS : LTCJM011             MEDICAID MANAGEMENT INFORMATION SYSTEMS    RUN TIME  :  HH:MM:SS
LOCATION: LTCPM011             LTC PACE PROGRAM DISCHARGE ACTIVITY REPORT    PAGE    :    99999




RECIPIENT NAME:          @<<<<<<<<<<<<<<<<<   ,  @<<<<<<<<<<<<<<

RECIPIENT NUMBER:        @<<<<<<<<<<<<<<           SSN:  @<<-@<-@<<<

DISCHARGE DATE FROM PACE PROGRAM:  @<<<<<<<<<

PROVIDER DISCHARGING RECIPIENT @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

PROVIDER NUMBER             @<<<<<<<<<<<<<<<

LEVEL OF CARE SEGMENT OF RECIPIENT IN NURSING HOME   START DATE: @<<<<<<<<<      END DATE: @<<<<<<<<<

NURSING HOME PROVIDER: @<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

NURSING HOME PROVIDER NUMBER: @<<<<<<<<<<<<<<<




                         **  END OF REPORT  **
                     * * N O    D A T A   T H I S   RUN * *
```

7.38.3 LTC-0011-M – LTC PACE PROGRAM MONTHLY DISCHARGE ACTIVITY Report Field Descriptions

Field	Description	Length	Data Type
DISCHARGE DATE FROM PACE PROGRAM	Discharge date from PACE program.	Character	10
LEVEL OF CARE SEGMENT OF RECIPIENT IN NURSING HOME START DATE END DATE	LEVEL OF CARE SEGMENT OF RECIPIENT IN NURSING HOME.	Character	20
NURSING HOME PROVIDER	NURSING HOME PROVIDER.	Character	50
NURSING HOME PROVIDER NUMBER	NURSING HOME PROVIDER NUMBER.	Character	15
PROVIDER DISCHARGING RECIPIENT	Provider name: Provider who discharge recipient from PACE program.	Character	50
PROVIDER NUMBER	Provider ID of provider who discharge recipient from PACE program.	Character	15
RECIPIENT NAME	Name of the recipient.	Character	40
RECIPIENT NUMBER	Recipient number.	Character	16
SSN	Social security number.	Character	11

7.39 LTC-0012-W – LTC Weekly Discharge Explanation Report

7.39.1 LTC-0012-W – LTC Weekly Discharge Explanation Report Narrative

LTC Weekly Discharge Explanation Report (LTC-0012-W) - This is a weekly report to be used by the District Office to monitor recipients exiting level of care program.

This report only provides the weekly discharge activity for District Office (DO) certified recipients. It provides which DO they are associated and the reason code for the discharge. H for Recipient Discharged Home, D for Recipient Dead and T for recipient Terminated from the program. Need report narrative

7.39.2 LTC-0012-W – LTC Weekly Discharge Explanation Report Layout

```
Report  : LTC-0012-W                      ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY
Process : LTCJW012                  MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:  HH:MM:SS
Location: LTCPW012                   LTC WEEKLY DISCHARGE EXPLANATION REPORT         Page:      999,999


--------------------------------------------------------------------------------------------------------
 RECIPIENT      DO #     REVIEWER #    DISCHARGE
 ID                                    EXPLANATION
--------------------------------------------------------------------------------------------------------


 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################
 ###########    ##       ##            # - ##############################################


                          *** END OF REPORT ***
                          *** NO DATA THIS RUN ***
```

7.39.3 LTC-0012-W – LTC Weekly Discharge Explanation Report Field Description

Field	Description	Data Type	Length
DO #	District Office #	Character	2
Discharge Explanation Code	Discharge explanation code	Character	1
Discharge Explanation Code Description	Discharge explanation code description	Character	50

Field	Description	Data Type	Length
Recipient ID	Recipient's Medicaid ID	Character	12
Reviewer #	Reviewer ID number	Character	2